

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region2/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region2/waste/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site http://www.epa.gov/enviro/index_java.html is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"Window to My Environment"** Web site <http://www.epa.gov/enviro/wme> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtk.net.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesgg.htm> provides information on Conditionally Exempt Small Quantity Generators.

RCRARep Handler Detail Report

Report run on: October 21, 2013 4:30 PM

Facility Information			
ID / Dist	Name / Location Address ...	County	Regulated Activity
NJD085494664	SECURITY HOLDINGS		
NORTHERN	171 S NEWMAN ST HACKENSACK NJ 07601	BERGEN	CG -----

Current Federal Activities

Hazardous Waste Conditionally-Exempt Very Small Generator

Other State Interests

-State This option is not active

Sources Overwritten Prior to 2001 (before RCRA kept history for activity/address/contact)

05/27/08 N Notification
 01/01/07 I State/EPA
 01/01/06 I State/EPA
 11/26/01 N Notification
 05/14/01 I State/EPA
 02/21/92 R 91 Biennial
 06/26/90 R 89 Biennial
 08/18/80 N Notification

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

Activity Location

Handler Module Data for NJ State only

Previous/Other Site Name

01/01/07 State/EPA PIONEER INDUSTRIES INC
 02/21/92 91 Biennial CERAGRAHPIC, INC.
 06/26/90 89 Biennial CERAGRAPHIC INC
 08/18/80 Notification PIONEER INDUSTRIES INC

11/26/01 From Archive CERAGRAPHIC INC

Location Address

05/27/08 Notification 171 S NEWMAN ST
 BERGEN (NJ003)
 HACKENSACK, NJ 07601
 State District: NORTHERN
 Land Type: Private (P)
 02/21/92 91 Biennial 171 S. NEWMAN STREET
 BERGEN (NJ003)
 HACKENSACK, NJ 076010000
 State District: NORTHERN
 Land Type: U (U)
 06/26/90 89 Biennial 171 SOUTH NEWMAN STREET
 BERGEN (NJ003)
 HACKENSACK, NJ 07601
 State District: NORTHERN
 Land Type: U (U)

RCRARep Handler Detail Report

Report run on: October 21, 2013 4:30 PM

NJD085494664

Location Address

08/18/80 Notification 171 S NEWMAN ST
BERGEN (NJ003)
HACKENSACK, NJ 07601
State District: NORTHERN
Land Type: Private (P)

North American Industrial Classification (NAICS)

05/27/08 Notification 332321
01/01/07 State/EPA 323119
02/21/92 91 Biennial 323119
06/26/90 89 Biennial 323111

323111 COMMERCIAL GRAVURE PRINTING
323119 OTHER COMMERCIAL PRINTING
332321 METAL WINDOW AND DOOR MANUFACTURING

Mailing Address

05/27/08 Notification 171 S NEWMAN ST
HACKENSACK, NJ 07601
02/21/92 91 Biennial 171 S. NEWMAN STREET
HACKENSACK, NJ 076010000
06/26/90 89 Biennial 171 SOUTH NEWMAN STREET
HACKENSACK, NJ 07601
08/18/80 Notification 171 S NEWMAN ST
HACKENSACK, NJ 07601

Contact

05/27/08 Notification KAMAL SHEIKH
171 S NEWMAN ST
HACKENSACK, NJ 07601
Phone: (201)933-1900 215
eMail: SKAMAL@PIONEERINDUSTRIES.COM
01/01/07 State/EPA SHEIKH KAMAL
171 S NEWMAN ST
HACKENSACK, NJ 07601
Phone: (201)933-1900
01/01/06 State/EPA SHEIKH - KAMAL
171 S NEWMAN ST
HACKENSACK, NJ 07601
Phone: (201)933-1900
11/26/01 Notification SHEIKH KAMAL
171 S NEWMAN ST
HACKENSACK, NJ 07601
Phone: (201)933-1900
02/21/92 91 Biennial CARLOS SUAREZ
Phone: (201)489-8260
06/26/90 89 Biennial ROBERT MAULTSBY
Phone: (201)489-8260

RCRARep Handler Detail Report

Report run on: October 21, 2013 4:30 PM

NJD085494664

Legal Owner/Operator of Site

05/27/08 Notification Current Owner from 04/05/2005 -
KESSLER MANAGEMENT (Private)
460 GETTY AVE
CLIFTON, NJ 07011

05/27/08 Notification Current Operator from 04/05/2008 -
JEFF HAVERSAT (Private)

01/01/07 State/EPA Current Owner from 01/01/2001 -
JEFF KESSLER (Private)
460 GETTY AVE
CLIFTON, NJ 07011
Phone: (973)340-0202
Notes: This record created to coincide with EPA Mass Update for 01/
01/2007 on Rundate: 06/11/2008

Regulated Hazardous Waste Activities

05/27/08 Notification
Federal Conditionally Exempt SQG
State This option is not active

01/01/07 State/EPA
Federal Small Quantity Generator
State Replaces a Null value not allowed to reload via CDX.

01/01/06 State/EPA
Federal Small Quantity Generator
State Replaces a Null value not allowed to reload via CDX.

11/26/01 Notification
Federal Conditionally Exempt SQG

05/14/01 State/EPA
Federal Not a Generator

02/21/92 91 Biennial
Federal Large Quantity Generator

06/26/90 89 Biennial
Federal Large Quantity Generator

08/18/80 Notification
Federal Small Quantity Generator

Waste Codes

05/27/08 Notification	D001	D035	F003	F005	U002	U159	U220
11/26/01 Notification	D000	D001	D035	F003	F005		
05/14/01 State/EPA	NONE						

D000	DESCRIPTION
D001	IGNITABLE WASTE
D035	METHYL ETHYL KETONE
F003	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: XYLENE, ACETONE, ETHYL ACETATE , ETHYL BENZENE, ETHYL ETHER, METHYL ISOBUTYL KETONE, N-BUTYL ALCOHOL, CYCL

RCRAREp Handler Detail Report

Report run on: October 21, 2013 4:30 PM

NJD085494664

Waste Codes

OHEXANONE, AND METHANOL; ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, ONLY THE ABOVE SPENT NONHALOGENATED SOLVENTS; AND ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, ONE OR MORE OF THE ABOVE NONHALOGENATED SOLVENTS, AND A TOTAL OF TEN PERCENT OR MORE (BY VOLUME) OF ONE OR MORE OF THOSE SOLVENTS LISTED IN F001, F002, F004, AND F005; AND STILL BOTTOMS FROM THE RECOVERY OF THESE SPENT SOLVENTS AND SPENT SOLVENT MIXTURES.

F005 THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: TOLUENE, METHYL ETHYL KETONE, CARBON DISULFIDE, ISOBUTANOL, PYRIDINE, BENZENE, 2-ETHOXYETHANOL, AND 2-NITROPROPANE; ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, A TOTAL OF TEN PERCENT OR MORE (BY VOLUME) OF ONE OR MORE OF THE ABOVE NONHALOGENATED SOLVENTS OR THOSE SOLVENTS LISTED IN F001, F002, OR F004; AND STILL BOTTOMS FROM THE RECOVERY OF THESE SPENT SOLVENTS AND SPENT SOLVENT MIXTURES.

NONE DESCRIPTION

U002 2-PROPANONE (I) (OR) ACETONE (I)

U159 2-BUTANONE (I,T) (OR) METHYL ETHYL KETONE (MEK) (I,T)

U220 BENZENE, METHYL- (OR) TOLUENE

Certification

05/27/08 Notification MEMBER JEFF HAVERSAT
Signed: 04/09/08

01/01/07 State/EPA BRS-MANIFEST MASS UPDATE
Signed: 01/01/07

01/01/06 State/EPA BRS CYCLES 2001 2003 2005 BRS 2001 2003 2005
Signed: 01/01/06

02/21/92 91 Biennial PLANT MANAGER CARLOS SUAREZ
Signed: 02/21/92

06/26/90 89 Biennial HEALTH SFTY DIR ROBERT MAULTSBY
Signed: 06/26/90

Biennial Reports Included/Excluded in Reports

02/21/92 91 Biennial Site probably included in 1991 BR National report.

06/26/90 89 Biennial Site probably included in 1989 BR National report.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

07/14/2008

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NJD085494664

INSTALLATION NAME: SECURITY HOLDINGS

**INSTALLATION ADDRESS : 171 S NEWMAN ST
HACKENSACK, NJ 07601**

**MAILING ADDRESS : 171 S NEWMAN ST
HACKENSACK, NJ 07601**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: SECURITY HOLDINGS
or Current Occupant
ATTN: KAMAL SHEIKH
171 S NEWMAN ST
HACKENSACK, NJ, 07601**



**SEND COMPLETED
FORM TO:**
The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

**1. Reason for
Submittal**
(See instructions
on page 13.)

MARK ALL BOX(ES)
THAT APPLY

Reason for Submittal:

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)**

EPA ID Number

N J D 0 8 5 4 9 4 6 6 4

**3. Site Name
(page 14)**

Name: SECURITY HOLDINGS

**4. Site Location
Information
(page 14)**

Street Address: 171 SOUTH NEWMAN STREET

City, Town, or Village: HACKENSACK

State: NJ

County Name: BERGEN

Zip Code: 07601

**5. Site Land Type
(page 14)**

Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)**

A.
3 3 2 3 2 1

B.
_ _ _ _ _

C.
_ _ _ _ _

D.
_ _ _ _ _

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box: 171 SOUTH NEWMAN STREET

City, Town, or Village: HACKENSACK

State: NJ

Country: BERGEN

Zip Code: 07601

**8. Site Contact
Person
(page 15)**

First Name: KAMAL

MI:

Last Name: SHEIKH

Phone Number: 2019331900

Extension: 215

Email address:
SKAMAL@PIONEERINDUSTRIES.COM

**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**

A. Name of Site's Operator:
JEFF HAVERSAT

Date Became Operator (mm/dd/yyyy):
04/05/2005

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:
KESSLER MANAGEMENT

Date Became Owner (mm/dd/yyyy):
04/05/2005

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner
(Continued)
Address

Street or P. O. Box: 460 GETTY AVENUE

City, Town, or Village: CLIFTON

State: NJ

Country: PASSAIC

Zip Code: 07011

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and RefiningY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:

Manage

a. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) ☐f. Other (specify) ☐g. Other (specify) ☐Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

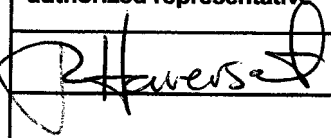
DOO1	F003	F005				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

DOO1	D035	U002	U159	U220		

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JEFF HAVERSAT, MEMBER	04/09/2008

**SEND COMPLETED
FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

3:49

**1. Reason for
Submittal
(See instructions
on page 13.)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)****EPA ID Number**

N J D 0 8 5 4 9 4 6 6 4

**3. Site Name
(page 14)**

Name: SECURITY HOLDINGS

**4. Site Location
Information
(page 14)**

Street Address: 171 SOUTH NEWMAN STREET

City, Town, or Village: HACKENSACK

State: NJ

County Name: BERGEN

Zip Code: 07601

**5. Site Land Type
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)**

A. 3 3 2 3 2 1

B. _____

C. _____

D. _____

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box: 171 SOUTH NEWMAN STREET

City, Town, or Village: HACKENSACK

State: NJ

Country: BERGEN

Zip Code: 07601

**8. Site Contact
Person
(page 15)**

First Name: KAMAL

MI:

Last Name: SHEIKH

Phone Number: 2019331900

Extension: 215

Email address:
SKAMAL@PIONEERINDUSTRIES.COM**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**A. Name of Site's Operator:
JEFF HAVERSATDate Became Operator (mm/dd/yyyy):
04/05/2005Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ OtherB. Name of Site's Legal Owner:
KESSLER MANAGEMENTDate Became Owner (mm/dd/yyyy):
04/05/2005Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

**9. Legal Owner
(Continued)
Address**

Street or P. O. Box: 460 GETTY AVENUE

City, Town, or Village: CLIFTON

State: NJ

Country: PASSAIC

Zip Code: 07011

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ **1. Generator of Hazardous Waste**

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ **2. Transporter of Hazardous Waste**☐ ☒ **3. Treater, Storer, or Disposer of
Hazardous Waste (at your site)** Note: A
hazardous waste permit is required for this
activity.☐ ☒ **4. Recycler of Hazardous Waste (at your
site)**☐ ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining☐ ☒ **6. Underground Injection Control****B. Universal Waste Activities**☐ ☒ **1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:**Managea. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) ☐f. Other (specify) ☐g. Other (specify) ☐☐ ☒ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.☐ a. Transporter☐ b. Transfer Facility☐ ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refiner☐ ☒ **3. Off-Specification Used Oil Burner**☐ ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

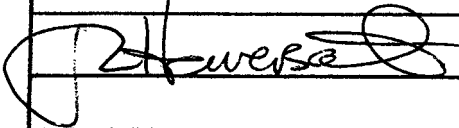
DOO1	F003	F005				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

DOO1	D035	U002	U159	U220		

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JEFF HAVERSAT, MEMBER	04/09/2008

0 349

US Environmental Protection Agency - Region 2
DEPP-RPB
290 Broadway, 22nd Floor
New York, NY 10007-1866
Attn.: RCRA Notifications

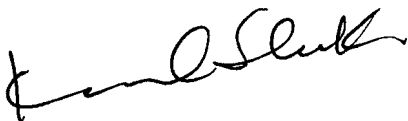
Date: 4/9/2008

Gentlemen,
Here is the Subsequent Notice of Hazardous Waste Activity due to change of ownership.

The current business owner is:
SECURITY HOLDINGS
171 SOUTH NEWMAN STREET
HACKENSACK, NJ 07601.

Please provide the necessary approval for the change.
Kindly contact me with any questions.

Regards



Kamal Sheikh
Vice President of Engineering

Attached: Application Form 8700



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

01/14/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD085494664

INSTALLATION NAME

PIONEER INDUSTRIES INC

INSTALLATION ADDRESS

**171 S NEWMAN ST
HACKENSACK, NJ 07601**

MAILING ADDRESS

**171 S NEWMAN ST
HACKENSACK, NJ 07601**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: PIONEER INDUSTRIES INC
or Current Occupant
ATTN: SHEIKH KAMAL - PLANT ENGR
171 S NEWMAN ST
HACKENSACK, NJ 07601**

Completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Waste Activity

United States Environmental Protection Agency

(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification

☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NJ D0851494664

II. Name of Installation (Include company and specific site name)

PIONEER INDUSTRIES INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

171 SOUTH NEWMAN STREET

Street (Continued)

City or Town

HACKENSACK

State

Zip Code

NJ 07601-

County Code

County Name

BERGEN

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

KAMAL

SHEIKH

Job Title

Phone Number (Area Code and Number)

Extension

PLANT ENGINEER

Fax Number

201-933-1900 215

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒ ☒

E. Street or P.O. Box

171 SOUTH NEWMAN STREET

City or Town

State

Zip Code

HACKENSACK

NJ 07601-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

JEFF KESSLER

Street, P.O. Box, or Route Number

460 GETTY AVENUE

City or Town

State

Zip Code

CLIFTON

NJ 07011-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

Date Changed
Month Day Year

973-340-0202

P

P

Yes

No

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr.,
New York, NY 10007-1866 Phone: (212)637-4106

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3 D035	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Sheikh Kamal

Name and Official Title (Type or print)

SHEIKH KAMAL PLANT ENGINEER

Date Signed

11/16/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

An original signature is required



Handler Information



CERAGRAPHIC INC

HACKENSACK

NJD085494664

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NJD085494664	CERAGRAPHIC INC		X	02	NJ	

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NJ	171	S NEWMAN ST	HACKENSACK	BERGEN	NJ	07601		METRO

Mailing Address Information					
Act Loc	Street No.	Street	City	State	Zip
NJ	171	S NEWMAN ST	HACKENSACK	NJ	07601

Contact Information							Add Contact		
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NJ	N		JOSEPH	CONTRERAS	201-489-8260	171 S NEWMAN ST	HACKENSACK	NJ	07601

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NJ	1	CO	P		PERMANENT LABEL CORP	212-555-1212	NOT REQUIRED	NOT REQUIRED	WY	99999

Operator Information								Add Operator		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaneous Information		
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NJ				11/7/1988					

Location Coordinates			<u>Add/Update Latitude/Longitude</u>
Act Loc	Source	Latitude Measure	Longitude Measure
NJ			

Environmental Priority Ranking				<u>Add EPR</u>
Act Loc	EPR Date	EPR Status	EPR Notes	

SIC Information				<u>Add SIC</u>
Act Loc	Seq	Source	Code	Primary

Other Permit Information				<u>Add Other Permit</u>
Act Loc	Number	Type	Permit Description	

Activity Summary Information										<u>Add Activity</u>
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NJ	<u>E</u>	1	3/10/1995	SQG - N	-	-	-	-		
NJ	<u>E</u>	2	5/14/2001	SQG - N	-	-	-	-		
NJ	<u>N</u>	1	8/18/1980	SQG - R	-	-	-	-		

Hazardous Waste Stream Information				<u>Add Waste Stream</u>		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NJ	<u>0001</u>	E	3/10/1995	0		
NJ	<u>0001</u>	N	8/18/1980	0		

Go To



URL: /Handler/HAND_info_main.asp

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 085 494 664

Company Name: Ceragraphics, Inc.

Site Address: 171 South Newman St Hackensack
(street) (city/town)
NJ 07601
(state) (zip code) (lot) (block)

Mailing Address: _____
(street / p.o. box) (city / town)

(state) (zip code)

Company Contact: _____
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☐ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____)

☒ Other Facility is closed

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Michael Merino
(printed name)

[Signature]
(signature)

Senior Env. Engineer - NJDEP
(title)

5/10/01
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant



U.S. EPA
AGENCY RO II

95 MAR -2 PM 12:21

Robert C. Shinn, Jr.
Commissioner

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

State of New Jersey

Department of Environmental Protection and Energy
Environmental Regulation

Hazardous Waste Regulation Program

CN 421

Trenton, NJ 08625-0421

Tel. #609-633-1418

Frank Coolick
Administrator

February 28, 1995

Jack Hoyt
USEPA, Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, NY 10278

Dear Mr. Hoyt:

Enclosed is a copy of a letter from See Attached
requesting the following information change(s):

1. Company Name _____
2. Corporate Name/Ownership _____
3. Company Contract _____
4. Deactivate EPA ID Number OK _____
5. Notification Status to: TSD _____
Transporter _____
Generator _____
Non-Handler _____
SQG _____
6. Generator/Company Closure _____
7. Other _____

Please make the indicated changes to your RCRA notifiers
address file. Your attention in this matter would be greatly
appreciated.

Very truly yours,

Ferd Scaccetti (RB)

Ferd Scaccetti
Bureau of Advisement & Manifest

FS:bb
Enclosure

CERAGRAPHIC INC.

A SUBSIDIARY OF PERMANENT LABEL CORP.

U.S. EPA
APPLYING TECHNOLOGY TO CREATIVE DECORATION
AGENCY RO II

95 MAR -2 PM 12:21

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

February 14, 1995

NJDEP
Hazardous Waste Regulation Program
CN 421
Trenton, NJ. 08625-0421


NJDEP,

This letter is to inform you that Ceragraphic Inc., EPA I.D. No. (NJD085494664) is no longer a Generator of Hazardous Waste.

Enclosed in this letter you will find copies of our shipment to a disposal company (S & W Waste Inc. 105 Jacobus Ave, So. Kearny, N.J. 07032),

If you have any questions or comments please contact us at (201) 471-6617.

Thank you


Ceragraphic Inc.
Bob Maultsby
Health & Safety Supervisor

BM:kp

DATE RETURNED _____

REASON _____

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # NJD085494664

complete

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(1) NON-NOTIFIER ☐

D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, ~~VIII~~ B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐


MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
				F N J D 0 8 5 4 9 4 6 6 4	
L A B E L I T E M S		PLEASE PLACE LABEL IN THIS SPACE		G E N E R A L I N S T R U C T I O N S	
I. EPA I.D. NUMBER				<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
<p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column. If the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p>					
S P E C I F I C Q U E S T I O N S		M A R K "X"		S P E C I F I C Q U E S T I O N S	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)				X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)				X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				X	
III. NAME OF FACILITY					
1. SKIP Ethyl Metal Products Ceraglass					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2. Ruck Robert Technical Director			201 489 8260		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3. 171 Newman Street					
B. CITY OR TOWN					
4. Hackensack					
C. STATE					
NJ					
D. ZIP CODE					
07602					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5. 171 Newman Street					
B. COUNTY NAME					
Bergen					
C. CITY OR TOWN					
6. Hackensack					
D. STATE					
NJ					
E. ZIP CODE					
07602					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

3 2 3 1	(specify) Glass Products Made of Purchased Glass		(specify)
	(specify)		(specify)

VI. OPERATOR INFORMATION

A. NAME: Ethyl Corporation

B. PHONE (Area Code & Number): 804 788 5000

C. STREET ADDRESS: P O Box 2189

D. CITY OR TOWN: Richmond

E. STATE: VA

F. ZIP CODE: 23217

G. INDIAN LAND: ☒ YES ☐ NO

VII. EXISTING ENVIRONMENTAL PERMITS

	0 4 5 6 6 2	(specify) N.J. Bureau of Air Pollution for 3 spray booths
	0 4 5 6 6 3	(specify) 045664

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluid underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for details requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Decorating of cosmetic glass, glassware & plastic parts.

F9: $\frac{A}{51}$

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Robert Herzog Executive Vice President	B. SIGNATURE <i>Robert Herzog</i>	C. DATE SIGNED 11/14/80
---	--------------------------------------	----------------------------

COMMENTS FOR OFFICIAL USE ONLY

<div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; padding: 2px;">FORM 3 RCRA</div><div style="margin-left: 10px;"><div style="text-align: center;">EPA</div></div></div> <div style="text-align: center; margin-top: 5px;">HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <small>(This information is required under Section 3005 of RCRA.)</small></div>		I. EPA I.D. NUMBER <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">F N J D 0 8 5 4 9 4 6 6 4</div><div style="border: 1px solid black; padding: 2px; text-align: center;">T/A C 3 1</div></div>																																															
		<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">1 2 3 4 5 6 7 8 9 10 11 12</div><div style="border: 1px solid black; padding: 2px;">13 14 15</div></div>																																															
FOR OFFICIAL USE ONLY																																																	
APPLICATION APPROVED				DATE RECEIVED (yr., mo., & day)				COMMENTS																																									
23				24 - 29																																													
II. FIRST OR REVISED APPLICATION																																																	
<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p>																																																	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p>A. FIRST APPLICATION (place an "X" below and provide the appropriate date)</p><div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p><input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</p><div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><p>8</p><div style="display: flex; justify-content: space-between;"><div>YR.</div><div>MO.</div><div>DAY</div></div><div style="display: flex; justify-content: space-between;"><div>5 4</div><div>0 6</div><div>0 1</div></div></div><div style="width: 65%;"><p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p></div></div></div><div style="width: 5%; text-align: center;">71</div><div style="width: 45%;"><p><input type="checkbox"/> 2. NEW FACILITY (Complete item below.)</p><div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><p>71</p><div style="display: flex; justify-content: space-between;"><div>YR.</div><div>MO.</div><div>DAY</div></div><div style="display: flex; justify-content: space-between;"><div></div><div></div><div></div></div></div><div style="width: 65%;"><p>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p></div></div></div></div></div></div>																																																	
<p>B. REVISED APPLICATION (place an "X" below and complete Item I above)</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p><input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS</p><div style="text-align: center;">72</div></div><div style="width: 5%; text-align: center;">72</div><div style="width: 45%;"><p><input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT</p></div></div>																																																	
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																	
<p>A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).</p>																																																	
<p>B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>1. AMOUNT - Enter the amount.</p><p>2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.</p></div><div style="width: 5%;"></div><div style="width: 45%;"><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">PROCESS</th><th style="text-align: left;">PROCESS CODE</th><th style="text-align: left;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td colspan="3">Storage:</td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td></tr><tr><td colspan="3">Disposal:</td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td></tr></tbody></table></div></div>														PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	S02	GALLONS OR LITERS	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	Disposal:			INJECTION WELL	D79	GALLONS OR LITERS	LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	LAND APPLICATION	D81	ACRES OR HECTARES	OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY	SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
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<p>EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>																																																	
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

LineNote

3

Dry sludge from ceramic spray booths in drying pans

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W N J D 0 8 5 4 9 4 6 6 4 3 1															W DUP 3 2 DUP									
1 2 13 14 15															1 2 13 14 15 23 24									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	23 - 26	27 - 30	31	27 - 29	27 - 29	27 - 29	27 - 29
01	1	D 0 0 6	30 000	T	T 0 1	T 0 4	S 0 1
02	2	D 0 0 8	included in above				
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)													
F	N	J	D	0	8	5	4	9	4	6	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14

$$F6: \frac{A}{55}$$

$$F6: \frac{A}{56}$$

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	5	2	3	0	0
55	46	57	58	59	60	61

LONGITUDE (degrees, minutes, & seconds)

0	7	4	0	3	3	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE							
F												C																							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	

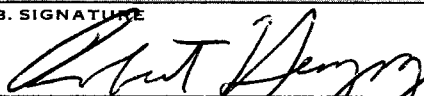
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

 Robert Herzog
 Executive Vice President

B. SIGNATURE



C. DATE SIGNED

11/14/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

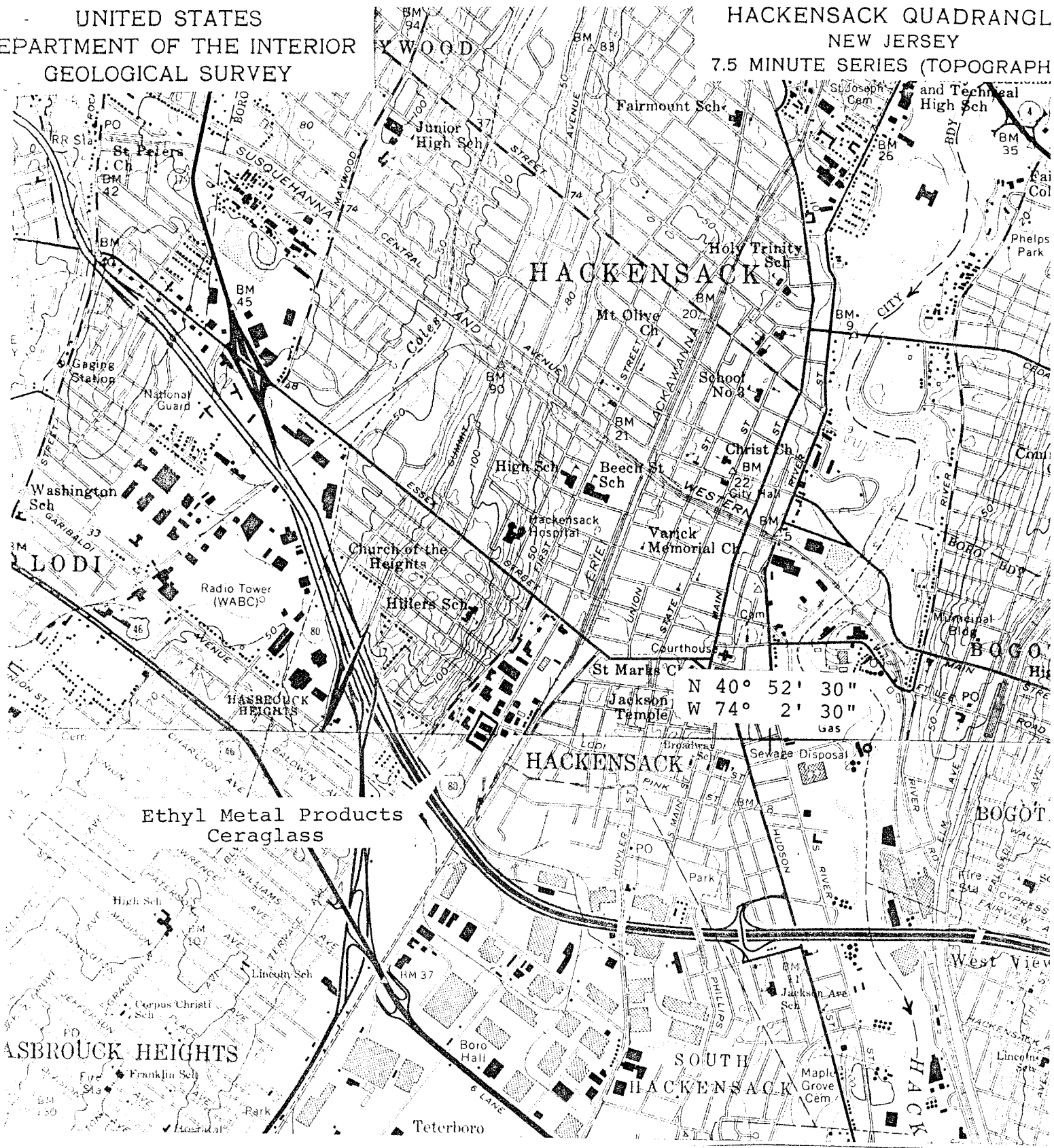
A. NAME (print or type)

B. SIGNATURE

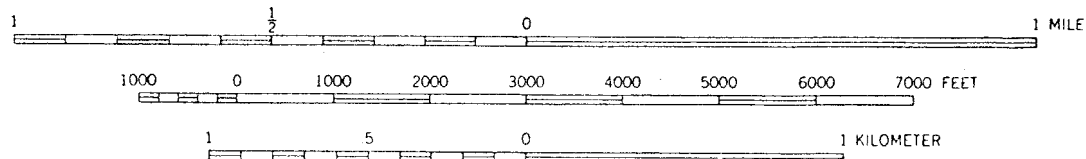
C. DATE SIGNED

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HACKENSACK QUADRANGLE
NEW JERSEY
7.5 MINUTE SERIES (TOPOGRAPHIC)



SCALE 1:24000



HACKENSACK, N. J.
N4052.5—W7400/7.5

CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL
SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE MEAN RANGE OF TIDE IS APPROXIMATELY 5.3 FEET

1 GRID AND 1970 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

1955
PHOTOREVISED 1970

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR GROUND BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20006



ETHYL CORPORATION

RESEARCH AND DEVELOPMENT DEPARTMENT

November 12, 1980

PLEASE ADDRESS REPLY
TO: P. O. BOX 341
BATON ROUGE, LA. 70821

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Dear Sir:

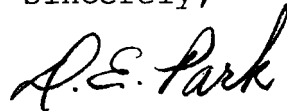
Re: Hazardous Waste Permit Application

Enclosed please find Hazardous Waste Permit Application
Forms 1 and 3 for the Ethyl Corporation facility listed below:

Ethyl Metal Products
Ceraglass
171 Newman Street
Hackensack, NJ 07602
EPA ID No. NJD085494664

These forms satisfy interim status requirements for
the above facility.

Sincerely,



D. E. Park
Corporate Director of
Environmental Affairs

DEP:dlg

Enclosure

W	U	J	D	0	8	5	4	9	4	6	6	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

D.E. Park

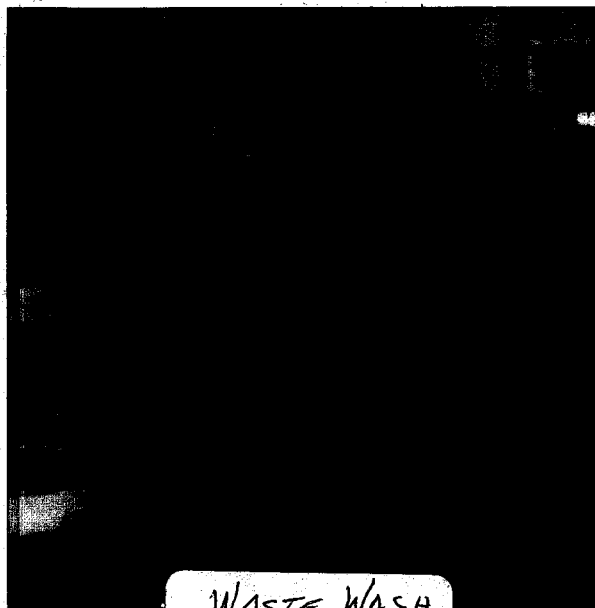
NAME & OFFICIAL TITLE (type or print)

D.E. PARK

DIRECTOR OF ENVIRONMENTAL STUDIES

DATE SIGNED

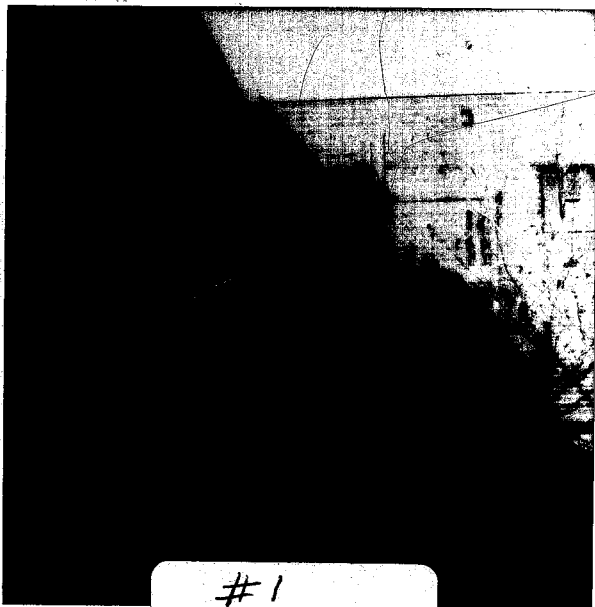
Aug 13, 1980



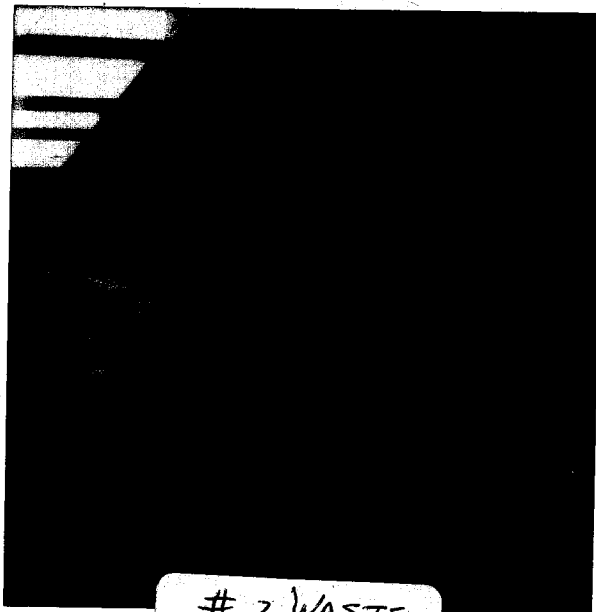
WASTE WASH
WATER
STORAGE
11/1/80 TO-1



ACID ETCH
NEUTRALIZE
AREA
11/1/80 TO-1



#1
WASTE
STORAGE
AREA
11/1/80 SO-1



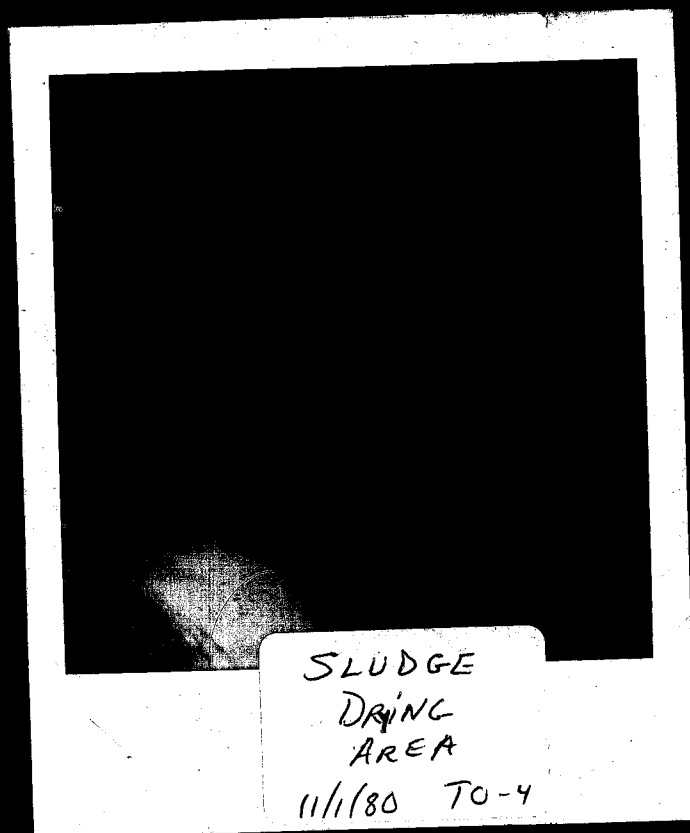
#2 WASTE
STORAGE
AREA
11/1/80 SO-1

Ethyl Metal Products
Ceramglass

171 Newman Street
Hackensack N.J. 07602

EPA ID No NJD085494664

Ethyl Metal Products
CeraGlass
171 Newman Street
Hackensack, N.J. 07602
EPA ID No.
NJDO85494664



SLUDGE
DRYING
AREA

11/1/80 TO-4

deck
NJ D085494664

CERAGLASS
171 Newman Street
Hackensack, NJ 07602

August 5, 1980

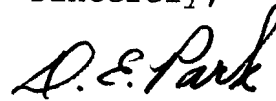
EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Dear Sirs:

Enclosed you will find our completed Hazardous Waste Notification form for our Ceraglass facility. Please note the 171 Newman Street location received two official notification forms. The duplicate and unused Ceragraphics form is also attached. To keep your records accurate, please delete the Ceragraphics listing.

Your help in this matter is appreciated.

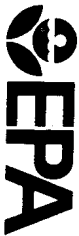
Sincerely,



D. E. Park

DEP:dlg

Attachments



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

7JD085494664

INSTALLATION ADDRESS

ETHYL PRODUCTS - CERAGLASS
171 SOUTH NEWMAN STREET NJ 07602
HACKENSACK,
171 SOUTH NEWMAN STREET NJ 07602
HACKENSACK,

EPA Form 8700-12B (4-80)

10/09/80

EPA - REGION II
INFORMATION SERVICE CENTER
26 FEDERAL PLAZA
NEW YORK, NY 10007

EPA - REGION II
INFORMATION SERVICE CENTER
26 FEDERAL PLAZA
NEW YORK, NY 10007

NJ0000568774

NJ0000568774

CERAGRAPHS DIV
171 SOUTH NEWMAN STREET
HACKENSACK, NJ 07601

CERAGRAPHS DIV
171 SOUTH NEWMAN STREET
HACKENSACK, NJ 07601

171 SOUTH NEWMAN ST.
HACKENSACK, NJ 07601

171 SOUTH NEWMAN ST.
HACKENSACK, NJ 07601

d 8/21
Delete
OK
ep

NJD 085494664

6 MAY 1985

Mr. Dave Shotwell
Chief, Bureau of Compliance & Enforcement
Division of Waste Management
New Jersey Department of Environmental
Protection
120 Route 156
Yardville, New Jersey 08620

Dear Mr. Shotwell:

EPA conducted a non-major RCRA inspection at Ceragraphic in Hackensack, on April 3, 1985. This facility was formerly owned by Ethyl Metal Products Ceraglass (NJD085494664). Although the data base indicates the facility never submitted a Part A, EPA's files indicate otherwise. Enclosed is a copy of the facility's Part A.

Follow up action is being referred to you because the facility's TSD status is questionable. The company claims to recycle when large quantities of waste are accumulating on site. In addition, Ethyl Metal never notified EPA of its change in ownership. See the third page of the report entitled confidential.

Please let me know within 30 days what action was taken. Should you have any questions concerning the inspection, please contact Janet DeBiasio of my staff, at (212) 264-3687.

Sincerely yours,

Stanley Siegel
Chief
Compliance & Enforcement Section

Enclosures

cc: Frank Coolick, Chief
Bureau of Hazardous Engineering, NJDEP (w/encl.)

bcc: Laura Livingston, PAB (w/encl.)
Janet DeBiasio, SWB (w/o encl.)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT

INSPECTION REPORT

REPORT PREPARED FOR:

- ☒ Generator
☐ Transporter
☒ HWM (TSD) Facility

FACILITY INFORMATION

Name: Ceragraphic (formerly Ethyl Metal Ceraglass)
Address: 171 Newman St
Hackensack, NJ 07432 602
Lot: _____ Block: _____
County: Bergen
Phone: 201/489-8260
EPA ID #: NJ D085494664
Date of Inspection: April 3, 1985

PARTICIPATING PERSONNEL

Shotwell letter
~~State or~~ EPA Personnel: Janet DeBiasio
Tom Solecki
Facility Personnel: John Farley, VP Operations
Rich Nairn, Maint. Mgr

Report Prepared by Name: Janet G DeBiasio
Region: USEPA, Region 2
Telephone #: 212/264-5687
Reviewed by: [Signature]
Date of Review: 4/8/85

FACILITY NAME: Cera-graphic

ADDRESS: Newman St

Hickensack, NJ

TIME IN: 9:00

COUNTY: Bergen

TIME OUT: 11:30

EPA ID : NJ D085494664

DATE OF INSPECTION: 4/3/85

PHOTOS TAKEN ☐ YES ☒ NO

If yes, how many? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP ID # _____

MANIFESTS REVIEWED ☐ YES ☒ NO

Number of manifests in compliance _____

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance.

No manifests available for inspection

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

The company decorates cosmetic glass, glassware & plastic parts using silk screens and spray paint. Glass etching is done with acid baths. The previous owners, Ethyl Products Cera-glass, filed a Part application in 1980. The company was sold in Sept. 1981 and is now called Cera-graphics.

Cera-graphics sent a letter to DEP Coolidge requesting its Part A withdrawn (6/29/84). It claims all wastes are reclaimed or reused. However there are no records. A significant quantity of material has accumulated on the property.

Describe the activities that result in the generation of hazardous waste.

4 paint spray booths have a water flow baffel system designed to capture spray paint prior to exhausting fumes up the hood - Part of an Air pollution permit. Each spray booth tray (100 gal capacity) is emptied regularly in 55 gal drums - (Contains Pb, glass + water + paint)

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

X 648 - 5 gallon plastic pails of paint sludge (dewatered) from the paint spray booths. Contains lead.

X 48 - 55 gal drums of paint sludge from paint spray booths - saturated with water. Contains lead boro silicate

Neutralization pit (concrete) for hydrofluoric acid. Solids cleaned out periodically. Waste water discharged to POTW.

GENERATOR INSPECTION CHECKLIST

		YES	NO	N/A
7:26-8.5	<u>Hazardous waste determination</u>			
	(a) Did the generator test its waste to determine whether it is hazardous?	—	✓	—
	Is the waste hazardous?	✓	—	—
7:26-8.5(b)2	Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?	✓	—	—
	Has hazardous waste been shipped off site since November 19, 1980?	✓	—	—
	If yes, how many shipments, off site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain.			
	no records			
7:26-7.4(a)1	Does the generator have an EPA ID #?	✓	—	—
7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient)			
7:26-7.4(a)4i	The generator's name, address and phone number?	—	—	✓
7:26-7.4(a)4ii	The generator's EPA ID number?	—	—	✓
7:26-7.4(a)4iii	The transporter(s) name, address and phone number?	—	—	✓
7:26-7.4(a)4iv	The transporter(s) EPA ID number?	—	—	✓
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility?	—	—	✓
7:26-7.4(a)4vi	The TSDF's EPA ID number?	—	—	✓
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	—	—	✓
	no records			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by the generator?	—	—	✓
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:			
7:26-7.4(a)5i	Sign the manifest certification by hand?	—	—	✓
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	—	—	✓
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	—	—	✓
7:26-7.4(a)5iv	Give remaining copies of the manifest form to the transporter?	—	—	✓
7:26-7.4(f)1	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	—	✓	—
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	—	—	✓
7:26-7.4(h)2	If not:			
	1. Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at 609-292-9877 to inform the NJDEP of the situation, and	—	✓	—
	2. Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	—	✓	—
	Before transporting or offering hazardous waste for transportation off site, does the generator?			
7:26-7.2(a)	Conspicuously label appropriate manifest numbers on all hazardous waste containers that are intended for shipment?	—	—	✓
7:26-7.2(b)	Insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations (i.e., 49 CFR 171 - 49 CFR 179)?	—	—	✓

DON'T know

YES NO N/A

7:26-9.3

Accumulation time

How is waste accumulated on site?

- ☒ Containers
- ☒ Tanks (complete HWMF checklist) *discharges to POTW*
 - ☐ Aboveground
 - ☒ Below ground
- ☐ Surface impoundments (complete HWMF checklist)
- ☐ Piles (complete HWMF checklist)

7:26-9.3(a)3

Is each container clearly dated with each period of accumulation so as to be visible for inspection?

— ☒ —

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

☒ — —

If yes, complete HWMF checklist.

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSD) CHECKLIST IS FILLED OUT.

*Claims all waste is reclaimed
or reused*

SHORT TERM ACCUMULATION STANDARDS (FOR GENERATORS WHO ACCUMULATE WASTE IN CONTAINERS FOR 90 DAYS OR LESS)

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	<u>Containers</u> What type of containers are used for storage. Describe the size, type and quantity and nature of waste (e.g., 12 fifty five gallon drums of waste acetone). <i>648 - 5 gallon plastic pails } Paint waste 48 - 55 gallon drums } DOOR</i>			
7:26-9.4(d)1i	Do the containers appear to be in good condition, not in danger of leaking? If no, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4i	Are all containers securely closed except those in use? <i>all 55 gal. drums open</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4iii	Do containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4iv	Are containerized hazardous waste segregated in storage by waste type?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)5	Is the storage area inspected at least daily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 feet (15 meters) from the facility's property line?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-11.2	<u>Tanks</u>			
7:26-12.1(a)	Does the generator store hazardous waste in tanks? <i>Acid Neutralization Tank discharges to POTW -</i> If yes, what are the approximate number and size of tanks containing hazardous waste? <i>Concrete tank - open - subsurface pH 5.2 1 1/2 ft x 4 ft x 6 ft deep</i> Identify the waste treated/stored in each tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.6 Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

*See
gen. Checklist*

7:26-9.6(b)1 An internal communications or alarm system?

7:26-9.6(b)2 A telephone or other device to summon emergency assistance from local authorities?

7:26-9.6(b)3 Portable fire equipment, spill control equipment, and decontamination equipment?

7:26-9.6(b)4 Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?

7:26-9.6(c) Is equipment tested and maintained?

7:26-9.6(d)1 Is there immediate access to communications or alarm systems during handling of hazardous waste?

7:26-9.6(e) Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

Explain.

7:26-9.6(f) Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

7:26-9.6(f)1 Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

		YES	NO	N/A
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)4	<u>Personnel training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of the initial training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Is there written documentation of the following:			
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness
and prevention requirements including
maintaining:

		YES	NO	N/A
7:26-9.6(b)1	An internal communications or alarm system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(c)	Is equipment tested and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If no, please explain.			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type of waste handled on site:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	—	✓	—
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	—	✓	—
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	—	✓	—
7:26-9.7	<u>Contingency plan and emergency procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	—	✓	—
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	—	✓	—
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	—	✓	—
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 <u>et seq.</u> ?	—	✓	—
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	—	✓	—
7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?	—	✓	—

HAZARDOUS WASTE FACILITY STANDARDS

YES NO N/A

7:26-9.4(b)	<u>Waste Analysis</u>			
7:26-9.4(b)1i	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment, storage or disposal of the waste.)	—	✓	—
7:26-9.4(b)1iii	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one: Waste characteristics vary _____ All waste(s) are basically the same _____ Company treats all waste(s) as hazardous _____	—	✓	—
7:26-9.4(b)2	Is there a written waste analysis plan at the facility? Does it contain:	—	✓	—
7:26-9.4(2)i	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?	—	✓	—
7:26-9.4(b)2ii	The test methods which will be used to test for these parameters?	—	✓	—
7:26-9.4(b)2iii	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?	—	✓	—
7:26-9.4(b)2iv	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?	—	✓	—
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?	—	✓	—
7:26-9.4(b)2vii	Procedures which will be used to identify changes in waste stream characteristics?	—	✓	—
7:26-9.4(b)3	Did the owner or operator submit the waste analysis plan to the Department?	—	✓	—
	If yes, when was the plan submitted?			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates.	—	✓	—
7:26-9.7(g)	Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?	—	✓	—
7:26-9.7(h)	Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?	—	✓	—
7:26-9.7(i)	Is a copy of the contingency plan and all revisions to the plan:			
	1. Maintained at the facility; and	—	✓	—
	2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?	—	✓	—

YES NO N/A

Does hazardous waste come to this facility from an outside source? (e.g., another generator)

— ✓ —

If yes, list the name(s) of generators.

7:26-9.4(b)4

If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?

— — ✓

Does the plan describe:

7:26-9.4(b)4i

The procedures which will be used to determine the identity of each shipment of waste managed at the facility?

— — ✓

7:26-9.4(b)4ii

The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?

— — ✓

7:26-9.4(h)

Security

Does the facility have:

7:26-9.4(h)1i

A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?

✓ — —

7:26-9.4(h)1ii

An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?

✓ — —

7:26-9.4(h)3

Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?

— ✓ —

If no, explain what measures are taken for security.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(f)	<u>General Inspection Requirements</u>			
7:26-9.4(f)1	Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:			
7:26-9.4(f)1i	Discharge of hazardous waste constituents to the environment?	—	✓	—
7:26-9.4(f)1ii	A threat to human health?	—	✓	—
7:26-9.4(f)3	Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?	—	✓	—
7:26-9.4(f)3i	Did the owner or operator submit the written inspection schedule to the department?	—	✓	—
	If yes, when was it submitted?			
7:26-9.4(f)3iii	Is the written inspection schedule kept at the facility?	—	✓	—
7:26-9.4(f)3iv	Does the schedule identify the types of problems to be looked for during the inspection?	—	✓	—
7:26-9.4(f)3v	Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?	—	✓	—
7:26-9.4(f)5	Is there evidence that problems reported in the inspection log have been remedied?	—	✓	—
7:26-9.4(f)6	Does the owner/operator record inspections in a log?	—	✓	—
	Are these records kept for at least three (3) years from the date of inspection?	—	✓	—

YES NO N/A

Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?

___ ☒ ___

7:26-9.4(g)

Personnel training

Have facility personnel successfully completed a program of classroom instruction or on-the-job training within 6 months of having been employed?

___ See gen- ___

7:26-9.4(g)2

Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?

___ Check list ___

7:26-9.4(g)5

If yes, have facility personnel taken part in an annual review of training?

Is there written documentation of the following:

7:26-9.4(g)6i

Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?

7:26-9.4(g)6ii

A written job description for each position related to hazardous waste management?

7:26-9.4(g)6iii

A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?

7:26-9.4(g)6iv

Documentation of actual training or experience received by personnel?

7:26-9.4(g)7

Are training records kept on all current employees until closure of the facility and training records kept on former employees for 3 years from their last date of employment?

7:26-9.4(g)8

Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
<u>General Operating Requirements</u>				
7:26-11.2(a)2	Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?			
	<i>Don't know -</i>	<i>---</i>	<i>---</i>	<i>---</i>
	If no, please explain.			
	<i>No integrity testing done</i>			
	Are there leaking tanks?	<i>---</i>	<i>---</i>	<i>---</i>
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures?	<i>✓</i>	<i>---</i>	<i>---</i>
7:26-11.2(3)	Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	<i>✓</i>	<i>---</i>	<i>---</i>
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	<i>✓</i>	<i>---</i>	<i>---</i>
7:26-11.2(d)	<u>Inspections</u>			
	Is the tank(s) inspected each operating day for:			
	1. Discharge control equipment	<i>✓</i>	<i>---</i>	<i>---</i>
	2. Monitoring equipment	<i>✓</i>	<i>---</i>	<i>---</i>
	3. Level of waste in tank	<i>✓</i>	<i>---</i>	<i>---</i>
	4. Construction of materials of the tank	<i>---</i>	<i>✓</i>	<i>---</i>
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures?	<i>---</i>	<i>✓</i>	<i>---</i>
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	<i>✓</i>	<i>---</i>	<i>---</i>
	<i>subsurface tank</i>			
	If yes, how many and can they be entered for inspection?	<i>✓</i>	<i>---</i>	<i>---</i>
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	<i>✓</i>	<i>---</i>	<i>---</i>
	If no, please explain.			

		YES	NO	N/A
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	—	—	—
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	—	—	—
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	—	—	—
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	—	—	—
7:26-9.7	<u>Contingency plan and emergency procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	—	—	—
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	—	—	—
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	—	—	—
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 <u>et seq.</u> ?	—	—	—
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	—	—	—

*see
gen.
checklist*

7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?	_____	_____	_____
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates.	_____	_____	_____
7:26-9.7(g)	Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?	_____	_____	_____
7:26-9.7(h)	Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?	_____	_____	_____
7:26-9.7(i)	Is a copy of the contingency plan and all revisions to the plan: 1. Maintained at the facility; and 2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?	_____	_____	_____
7:26-9.8	<u>Closure plan</u>	_____	_____	_____
7:26-9.8(c)	Does the facility have a written closure plan?	_____	✓	_____
	Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?	_____	✓	_____
	If yes, does the plan include:	_____	_____	_____

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.8(e)1i	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	—	✓	—
7:26-9.8(e)1ii	The maximum extent of the operation which will be open during the life of the facility?	—	✓	—
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	—	✓	—
7:26-9.8(e)3	A description of the steps needed to decontaminate facility equipment during closure?	—	✓	—
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	—	✓	—
	<u>Post Closure Plan</u>			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	—	—	✓
	If yes, does the plan:			
7:26-9.9(i)	Identify the activities which will be carried on after closure and the frequency of these activities?	—	—	—
7:26-9.9(i)1	Include a description of the planned ground-water monitoring activities and frequencies at which they will be performed?	—	—	—
7:26-9.9(i)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	—	—	—
7:26-9.9(i)2i	The integrity of the cap and final cover or other containment structures where applicable?	—	—	—
7:26-9.9(i)2ii	Describe the function of the facility monitoring equipment?	—	—	—
7:26-9.9(i)3	Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?	—	—	—
	Does the owner/operator have a written estimate of the cost of post-closure for the facility?	—	—	—
	If yes, what is it?			

Please circle all appropriate activities and answer questions on indicated pages for all activities circled.

<u>Storage</u>	<u>Treatment</u>	<u>Disposal</u>
Container - pg. 9	Tank - pg. 12	Landfill - pg. 18
Tank, above ground - pg. 12	Surface Impoundments - pg. 15	
Tank, below ground - pg. 12	Incineration - pg. 20	Surface Impoundments - pg. 15
Surface Impoundments - pg. 15	Thermal Treatment - pg. 23	Other _____
Waste Piles - pg. 17		
Other _____	Chemical, Physical and Biological Treatment - pg. 25	
	Other _____	

YES NO N/A

7:26-9.4(d)

Containers

What type of containers are used for storage?
Describe the size, type, quantity and nature
of wastes (e.g., 12 fifty-five gallon drums
of waste acetone)

*See
gen
checklist*

7:26-10.4(b)

Is there a containment system for spills,
leaks and precipitation?

Is yes, describe the containment system.

7:26-9.4(d)1i

Do the containers appear to be of sturdy leak-
proof construction of adequate wall thickness,
weld, hinge and seam strength, and of
sufficient material strength to withstand
side and bottom shock, while filled, without
impairment of the container's ability to
contain hazardous waste?

If no, explain.

ETHYL CORPORATION

RESEARCH AND DEVELOPMENT DEPARTMENT

November 12, 1980

PLEASE ADDRESS REPLY
TO: P. O. BOX 341
BATON ROUGE, LA. 70821

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Dear Sir:

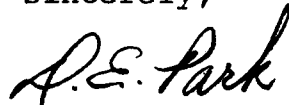
Re: Hazardous Waste Permit Application

Enclosed please find Hazardous Waste Permit Application
Forms 1 and 3 for the Ethyl Corporation facility listed below:

Ethyl Metal Products
Ceraglass
171 Newman Street
Hackensack, NJ 07602
EPA ID No. NJD085494664

These forms satisfy interim status requirements for
the above facility.

Sincerely,



D. E. Park
Corporate Director of
Environmental Affairs

DEP:dlg

Enclosure

To: DEP

I did not copy the photographs

The new facility name is Ceragraphics

New facility contact is Richard Narin, Maint. Mgr
or John Farley, VP Operations

From - EPA Janet DeBascio SNB

4/8/85

FORM 3510-1 EPA GENERAL	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permit Program</i> <i>(Read the "General Instructions" before starting.)</i>	EPA ID NUMBER <div style="border: 1px solid black; padding: 2px;"> F N J D 0 8 5 4 9 4 6 6 4 </div>
I. LABEL ITEMS II. FACILITY NAME III. MAILING ADDRESS IV. FACILITY LOCATION		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent, fill in the space to the left of the label space with the information that should appear. Please provide it in the proper fill-in areas below. If the label is complete and correct, you need not complete items I, III, V, and VI (except V/B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

I. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through I to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements, see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK X		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 20)	YES	NO	FORM ATTACHED
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 20)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, geothermal fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPECIFIC QUESTIONS	MARK X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 20)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 20)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY	Ethyl Metal Products Ceraglass
------------------------------	--------------------------------

IV. FACILITY CONTACT	A. NAME & TITLE (last, first, & title) Ruck Robert Technical Director	B. PHONE (area code & no.) 201 489 8260
-----------------------------	---	---

V. FACILITY MAILING ADDRESS	A. STREET OR P.O. BOX 171 Newman Street B. CITY OR TOWN Hackensack C. STATE NJ D. ZIP CODE 07602
------------------------------------	---

VI. FACILITY LOCATION	A. STREET, ROUTE NO. OR OTHER SPECIFIC LOCATION 171 Newman Street B. COUNTY NAME Bergen C. CITY OR TOWN Hackensack D. STATE NJ E. ZIP CODE 07602
------------------------------	--

III. IDENTIFICATION INFORMATION

3 2 3 1 (specify) Glass Products Made of Purchased Glass

(specify)

(specify)

(specify)

IV. OPERATOR INFORMATION

Ethyl Corporation

If the name listed in Item III is also the name of the operator, check YES. If not, check NO.

☒ YES ☐ NO

P (specify)

8 0 4 7 8 8 5 0 0 0

P O Box 2189

Richmond

VA 2 3 2 1 7

V. INDIA LEAD

☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

1. (specify)

0 4 5 6 6 2

(specify) N.J. Bureau of Air Pollution for 3 spray booths

2. (specify)

0 4 5 6 6 3

(specify) 045664

XI. MAP

Attach to this application a map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its air intake and exhaust stacks and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for details requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Decorating of cosmetic glass, glassware & plastic parts.

F9: $\frac{A}{51}$

XIII. CERTIFICATION

I, the undersigned, certify that the information furnished on this application is true and correct to the best of my knowledge and belief, and that I am a duly authorized officer or representative of the applicant.

A. NAME & OFFICIAL TITLE (type or print)

Robert Herzog
Executive Vice President

B. SIGNATURE

Robert Herzog

C. DATE SIGNED

11/14/80

COMMENT FOR OFFICIAL USE ONLY

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER FNJD08549466431	
FOR OFFICIAL USE ONLY					
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS	
II. FIRST OR REVISED APPLICATION					
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)					
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)					
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)					
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)					
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN					
B. REVISED APPLICATION (place an "X" below and complete Item I above)					
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS					
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT					
III. PROCESSES - CODES AND DESIGN CAPACITIES					
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).					
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.					
1. AMOUNT - Enter the amount.					
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS CODE APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY					
PROCESS CODE APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY					
UNIT OF MEASURE CODE UNIT OF MEASURE CODE UNIT OF MEASURE CODE					
GALLONS LITERS CUBIC YARDS CUBIC METERS GALLONS PER DAY					
LITERS TONS PER HOUR METRIC TONS PER HOUR GALLONS PER HOUR LITERS PER HOUR					
ACRE-FEET HECTARE-METER ACRES HECTARES					
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.					
DUP					
LINE NUMBER A. PROCESS CODE B. PROCESS DESIGN CAPACITY FOR OFFICIAL USE ONLY					
LINE NUMBER A. PROCESS CODE B. PROCESS DESIGN CAPACITY FOR OFFICIAL USE ONLY					
X-1 S 0 2 600 G					
X-2 T 0 3 20 E					
1 T 0 1 500 U					
2 S 0 1 3,000 G					
3 T 0 4 40 U					
4					

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
W	N	J	D	0	8	5	4	9	4	6	6	4	T/A	C	W	N	J	D	0	8	5	4	9	4	6	6	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																													
W N J D	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES																									
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
1	D 0 0 6	30 000	T	T	0	1	T	0	4	S	0	1																	
2	D 0 0 8	included in above																											
3																													
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26																													

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

$$F6: \frac{A}{55}$$

$$F6: \frac{A}{56}$$

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	8	5	4	9	4	6	6	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	5	2	3	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	7	4	0	3	3	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E																															
15 16												85 86 87 88 89 90 91 92 93 94 95																			
3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
F												G																			
15 16												45 46 47 48 49 50 51 52 53 54 55												40 41 42				43 44 45 46			

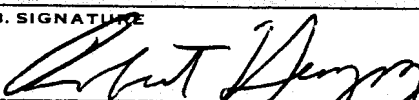
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert Herzog
Executive Vice President

B. SIGNATURE



C. DATE SIGNED

11/14/80

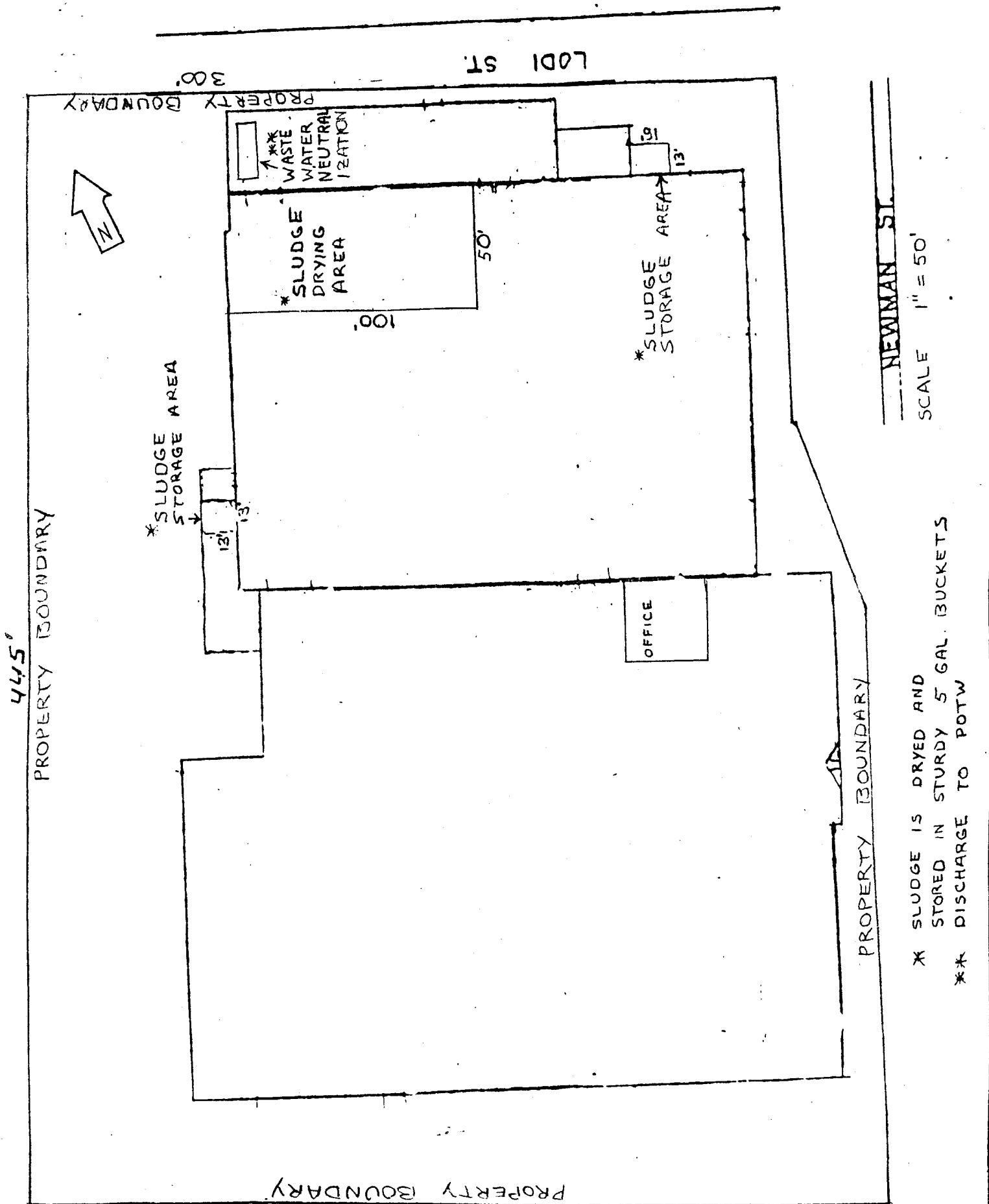
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

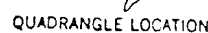
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



7.5 MINUTE SERIES (TOPOGRAPHIC)



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N J D 0 8 5 4 9 4 6 6 4 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	D 0 0 6	30 000	T	T 0 1 T 0 4 S 0 1																					
2	D 0 0 8	included in above																							
3																									
4																									
5																									
6																									
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26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F N J D 0 8 5 4 9 4 6 6 4 T/A C
1 2 13 14 15

FG: ^A55 FG: ^A56

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4 0 5 2 3 0 0
48 49 50 51 52 53

LONGITUDE (degrees, minutes, & seconds)

0 7 4 0 3 3 0 0
72 73 74 75 76 77 78 79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert Herzog
Executive Vice President

B. SIGNATURE

Robert Herzog

C. DATE SIGNED

11/14/80

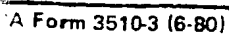
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

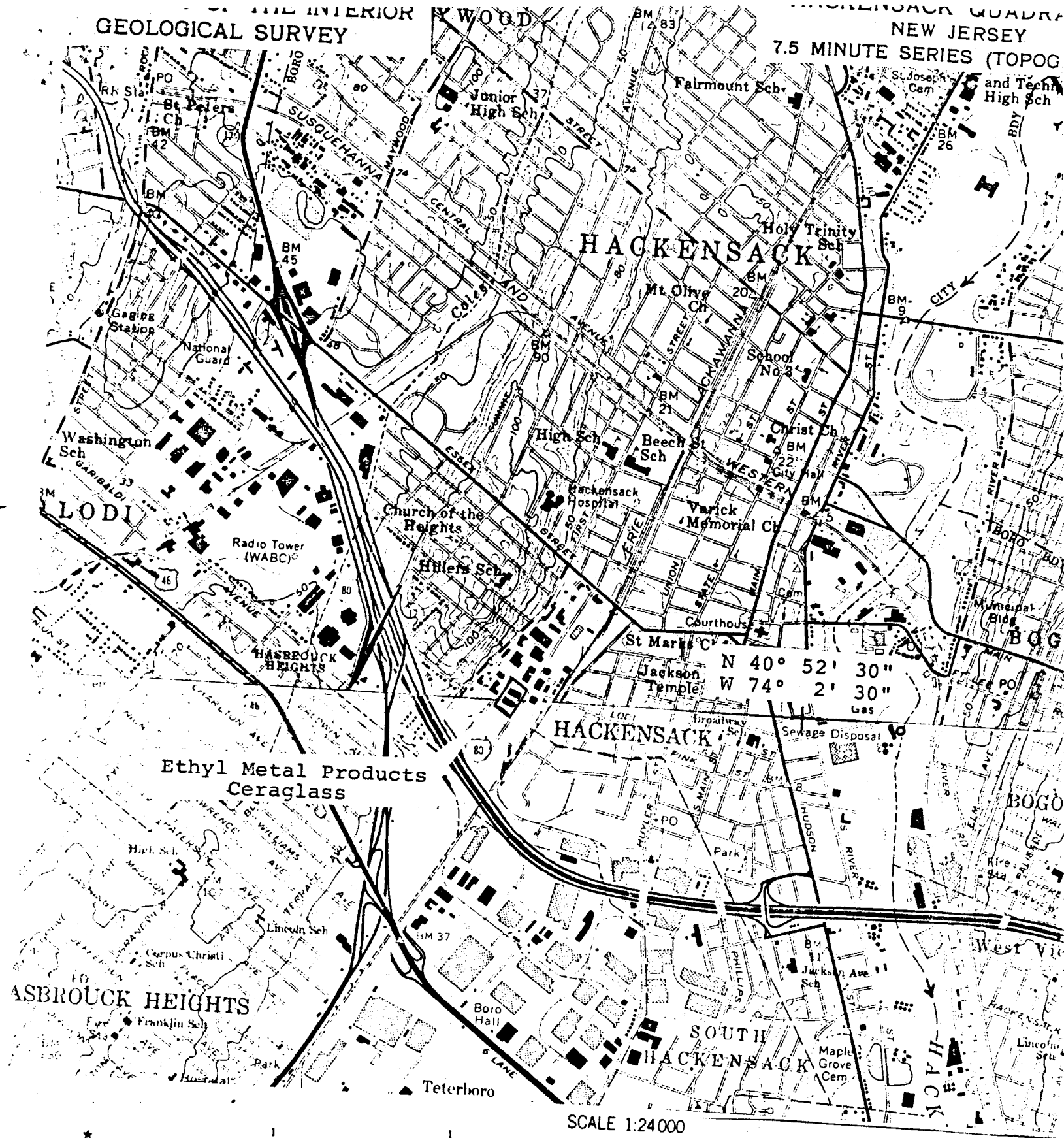
B. SIGNATURE

C. DATE SIGNED



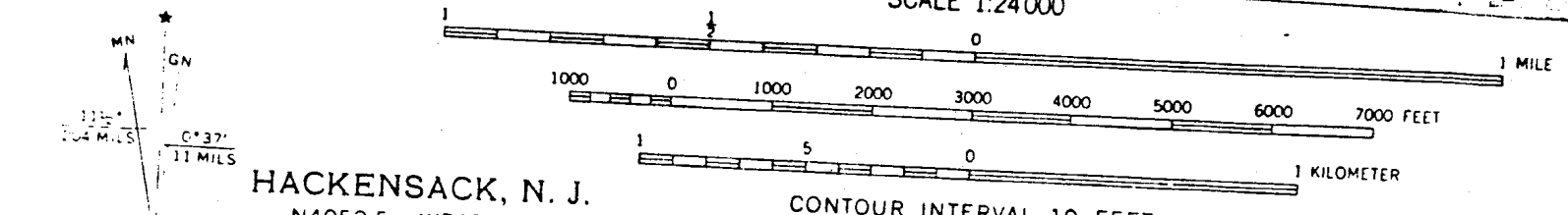
U.S. GEOLOGICAL SURVEY

NEW JERSEY
7.5 MINUTE SERIES (TOPOG)



N 40° 52' 30"
W 74° 2' 30"

SCALE 1:24000



HACKENSACK, N. J.
N4052.5—W7400/7.5

1955
PHOTOREVISED 1970
AMS 6165 1 NE—SERIES V822

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE





U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

NJD085434664

~~CERAGLASS CO INC~~
171 SOUTH NEWMAN STREET
HACKENSACK, NJ 07601

171 SOUTH NEWMAN STREET
HACKENSACK, NJ 07601

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER **APPROVED** **DATE RECEIVED (yr., mo., & day)**

F U J D O 8 5 4 9 4 6 6 9 3 1 8 0 0 8 1 8

I. NAME OF INSTALLATION

ETHYL PRODUCTS - CERAGLASS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN **ST.** **ZIP CODE**

3 0 7 6 0 2

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN **ST.** **ZIP CODE**

5 0 7 6 0 2

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) **PHONE NO. (area code & no.)**

2 R U C K R O B E R T 2 0 1 - 4 8 9 - 8 2 6 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 E T H Y L C O R P O R A T I O N

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL **M** - NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION ☐ B. TRANSPORTATION (complete item VII)
☒ C. TREAT/STORE/DISPOSE ☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

1.D. - FOR OFFICIAL USE ONLY														
W	U	J	D	O	8	5	4	9	4	6	6	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28
29	30	31	32	33	34
35	36	37	38	39	40
41	42	43	44	45	46
47	48	49	50	51	52
53	54	55	56	57	58
59	60	61	62	63	64
65	66	67	68	69	70
71	72	73	74	75	76
77	78	79	80	81	82
83	84	85	86	87	88
89	90	91	92	93	94
95	96	97	98	99	00

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>D.E. Park</i>	NAME & OFFICIAL TITLE (type or print) D.E. PARK DIRECTOR OF ENVIRONMENTAL STUDIES	DATE SIGNED Aug 13, 1980
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ap

Let's protect our earth



ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.

1987 JUN 23 PM 3 34

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

John J. Trela, Ph.D., Acting Director
401 East State St.
CN 028
Trenton, N.J. 08625
609 - 633 - 1408

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
P-592 171 795

Robert Ruck
Ethyl Products Cedarglass
171 South Newman Street
Hackensack, NJ 07602

JUN 18 1987

Dear Mr. Ruck:

RE: Delinquent Part A Permit Application, EPA ID NO. NJD 085 494 664

Pursuant to the Resources Conservation and Recovery Act (RCRA), 42 U.S.C. §6901, the United States Environmental Protection Agency (EPA) is charged with the regulation of hazardous wastes. On February 2, 1983, the State of New Jersey was granted interim authorization in accordance with Section 3006(c) of RCRA to operate its hazardous waste program in lieu of Phase I of the Federal hazardous waste program. The effect of this change was that generators, transporters, and owners and operators of hazardous waste management facilities in New Jersey will be subject to the State of New Jersey hazardous waste regulations (N.J.A.C. 7:26-1 et seq.) in lieu of the Federal hazardous waste program (40 CFR Part 260-263 and 265). N.J.A.C. 7:26-12.3 required all parties handling certain quantities of hazardous wastes to notify USEPA of their activity by August 18, 1980 as required by Section 3010 of RCRA. Pursuant to that requirement, you submitted to the EPA a notification as a hazardous waste treatment, storage and disposal (TSD) facility.

N.J.A.C. 7:26-12.3 required that all existing facilities file a Part A application for the facility in accordance with 40 CFR 122.22 by November 19, 1980. Compliance with the notification and application requirements is mandatory before a facility can achieve interim status hazardous waste authority. A facility which has not achieved interim status is not eligible to treat, store or dispose of hazardous waste. As of the date of this letter, information available to the New Jersey Department of Environmental Protection (NJDEP) indicates that no Part A application has been filed for the above referenced site and that no request for revision or withdrawal of your submittal notification as a TSD facility has been received by the NJDEP.

JUN 18 1987

I am requesting that you respond within twenty (20) days of the date of this letter and indicate your company's present status with regard to the treatment, storage and disposal of hazardous waste. If your company does not carry out the aforementioned activities, your response should include the rationale for why your company previously notified EPA that it was a TSD facility and why you now believe that your company does not treat, store or dispose of hazardous waste. Your response should be sent to the following address:

New Jersey Department of Environmental Protection
Division of Hazardous Waste Management
Bureau of Hazardous Waste Engineering
401 East State Street
Trenton, New Jersey 08625

Should you wish to discuss the status of your facility further, or the scope of activities regulated as hazardous waste TSD facilities under New Jersey regulations, you may contact my office at (609) 292-9880.

Very truly yours,



Ernest J. Kuhlwein, Jr.
Acting Chief
Bureau of Hazardous Waste Engineering

EP48/slw

cc: Barry Tornick, USEPA

7/1/87
TJ
Buck



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD085494664

INSTALLATION ADDRESS

CERAGRAPHIC, INC	
171 SOUTH NEWMAN STREET	NJ 07601
HACKENSACK	
171 SOUTH NEWMAN STREET	NJ 07601
HACKENSACK	

EPA Form 8700-12B (4-80)

11/07/88

ID — For Official Use Only															
C														T/A	C
W															1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

JOSEPH J. CONTRERAS
EXECUTIVE V. P.

9/30/88

US EPA REGIONAL OFFICE
WATER POLLUTION DIV.
03 SEP 30 1988
MARINE & WETLAND PROTECTION BR.

NOV 3 1988

NOV 3 1988



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJ0085494664

INSTALLATION ADDRESS

CERAGRAPHIC, INC
171 SOUTH NEWMAN STREET
HACKENSACK NJ 07601
171 SOUTH NEWMAN STREET
HACKENSACK NJ 07602

EPA Form 8700-12B (4-80)

11/01/88

0000000000
11/3/88

X



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

Michele M. Putnam
Deputy Director

John J. Trela, Ph.D., Director
401 East State St.
CN 028
Trenton, N.J. 08625-0028
(609)633-1408

Lance R. Miller
Deputy Director

Hazardous Waste Operations

Responsible Party Remedial Action

Mr. Joseph J. Contreras, Executive Vice President
Ceragraphic, Inc.
171 Newman Street
Hackensack, NJ 07602

DEC 21 1988

✓ C1103 = \$ 3/27/89

Dear Mr. Contreras:

RE: ~~TERMINATION OF TSD STATUS, CERAGRAPHIC, INC., HACKENSACK, NJ~~
EPA ID NO. NJD 085 494 664

The New Jersey Department of Environmental Protection (the Department) has reviewed the report of a RCRA inspection conducted by DEP personnel on March 31, 1988 and a subsequent follow-up inspection on April 28, 1988 at the above mentioned site formerly under the name of Ethyl Products Ceraglass, Hackensack.

Ethyl Products Ceraglass attained TSD status because they had originally filed a Part A Hazardous Waste Facility Permit Application dated November 12, 1980 with the USEPA indicating that the following hazardous waste activities had taken place on-site:

- SO1 - Storage in container - 3,000 gallons
- TO1 - treatment in tanks - 500 gallons/day
- TO4 - treatment other (paint sludge drying) - 40 gallons/day

Upon review of the file, the Department has reached the following conclusions regarding present hazardous waste activities at the above referenced facility.

1. Based on the June 29, 1984 delisting request for Ceragraphic Inc. from treatment, storage, or disposal (TSD) facility status the Department acknowledges that Ethyl Products Ceraglass no longer exists as a corporate entity.
2. The TO1 activity (treatment in tanks) listed on the facility's Part A permit application is not a hazardous waste treatment activity. As per Ceragraphic Inc.'s letter to the Bureau, dated November 18, 1988, the spent acid effluent from the glass etching process has pH of greater than two, therefore it is not hazardous. The spent acid etchant along with rinse water is neutralized by addition of caustic soda in a neutralizing tank where the pH is adjusted to between 5.5 to 9.5,

DEC 21 1988

before discharging to sewer system, as required by the facility's Industrial Waste Water Discharge Permit (Permit No: 86-016) from the Bergen County Utilities Authority.

3. The S01 involved storage of paint sludge for periods of more than 90 days. The facility is now performing in-house recycling and is now operating as a generator storing Hazardous Waste for less than 90 days. Any discharge into the sewer system due to Water and paint solids decanting is also done under the facility's Industrial Wastewater Discharge Permit (Permit No.: 86-016) from the Bergen County Utilities Authority.
4. The T04 involved in-house drying of paint sludge and has since been stopped by the Administrative Order dated June 12, 1985.

If the aforementioned conclusion are incorrect or incomplete, please contact the Department immediately.

Assuming the aforementioned conclusion are correct, Ceragraphic's facility identified by the following USEPA identification number:

NJD 085 494 664.

is excluded from applicable hazardous waste treatment, storage or disposal regulations under N.J.A.C. 7:26-1 et. seq. provided that all hazardous waste generated on-site is accumulated in containers in accordance with N.J.A.C. 7:26-9.3 which include but are not limited to the following:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container. While being accumulated on-site, each container shall be clearly labeled or marked with the words "Hazardous Waste" and labeled in accordance with 49 CFR 172.304.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities". It is the company's responsibility to operate within conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

DEC 21 1988

This written acknowledgement of the exclusion of the subject company from the hazardous waste facility requirements under N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

The issuance of this delisting letter by the Department does not indicate, or imply, and should not be construed as a waiver of any requirements pursuant to the New Jersey Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq. and regulations promulgated thereunder concerning the New Jersey Pollutant Discharge Elimination System, N.J.A.C. 7:14-1 et seq. If your facility is in any of the regulated categories identified in the above cited regulations, you are hereby directed to apply for any and all permits necessary within ninety (or 180 days - at the option of DWR) to the Bureau of Ground Water Discharge Permits, CN 029, Trenton, New Jersey, 08625. Applications may be obtained by calling (609) 292-0424.

If you have any questions concerning this matter, contact Paul Mander of my staff at (609)292-9880.

Very truly yours,



Ernest J. Kuhlwein, Jr., Chief
Bureau of Hazardous Waste Engineering

EP43/cfd

cc: Barry Tornick, USEPA
Yacoub Yacoub, BME
Nancy Power, BMIS
ECRA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

JACOB K. JAVITS FEDERAL BUILDING
NEW YORK, NEW YORK 10278

NOV 06 1989

Mr. Robert Maultsby
Safety Director
Ceragraphic, Inc.
171 S. Newman Street
Hackensack, New Jersey 07601

RE: Ceragraphic, Inc.
NJDO85494664

Dear Mr. Maultsby:

Your submittal in response to the warning letter dated October 17, 1989 has been deemed satisfactory. Your company has been entered in our Data Management System as having achieved physical compliance with the violation cited in the above referenced letter. This matter can now be considered concluded and the enforcement action resolved.

Please be advised your facility is under the continuing obligation to comply with all the applicable state and federal regulations regarding the management of hazardous waste. Subsequently, if your facility should be found in violation of the regulation in the future, you may be subject to escalated enforcement action, including monetary penalties. If you have any questions contact James Sullivan at (212) 264-6150.

Sincerely yours,

George Meyer, P.E., Chief
Hazardous Waste Compliance Branch

cc: Wayne Howitz
Assistant Director
Hazardous Waste Enforcement
New Jersey Department of
Environmental Protection

bcc: L. Livingston, PAB
G. Meyer, AWM-HWC
J. Sullivan, AWM-HWC

CERAGRAPHIC, INC.

APPLIED COLOR LABELING ON GLASS, PLASTICS, METALS

171 S. NEWMAN STREET, HACKENSACK, NEW JERSEY 07601 • (201) 489-8260

October 25, 1989

U. S. Environmental Protection Agency
Region 11
Jacob K. Javits Federal Building
New York, New York 10278

Dear Mr. Sullivan:

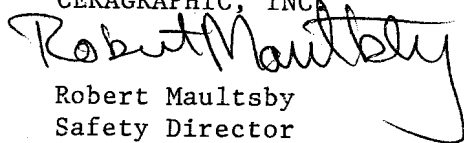
I am enclosing two (2) copies of the Notification for Waste Restricted from Land Disposal forms that we used for our last two shipments. This is also the same type of form we plan to use in our next shipment.

Mr. Sullivan, we thank you for being so helpful and giving us the time to correct our error.

If you have any questions or comments, please do not hesitate to write or call.

Very truly yours,

CERAGRAPHIC, INC.


Robert Maultsby
Safety Director

rm/amcn
enc:

NOTIFICATION FOR WASTES RESTRICTED FROM LAND DISPOSAL

MATERIAL TYPE: ☐ SPENT SOLVENT ☒ "CALIFORNIA LIST" WASTE

GENERATOR'S NAME Perographics SITE ADDRESS 171 So Newman St
Staten Island NY

GEN. EPA. ID. NUMBER WJ085494664 07601

MANIFEST NO. NJA0534527 Line No. ☒ 11a ☐ 11b ☐ 11c ☐ 11d

APPROVAL # 0024 HAZARDOUS WASTE NUMBER(S) 2008

I am supplying this notice and certification to S & W Waste Inc. in accordance with the requirements of regulations at 40 CFR 268.7. I have determined that the material described above either contains spent solvents or is a "California list" waste as defined in 40 CFR 268. I have indicated above the type of material which is covered by this notification. I have also indicated below the appropriate management required to comply with the prohibitions on land disposal for this material.

RESTRICTED WASTE REQUIRING TREATMENT

I ☒ am the generator of an untreated waste restricted from land disposal under 40 CFR 268. This waste, identified above, may not be land disposed unless it is first treated to the appropriate treatment standard(s), as indicated below. I have attached available waste analysis data ☐ YES ☒ NO

RESTRICTED WASTES NOT REQUIRING FURTHER TREATMENT

II. ☐ The waste identified above has been treated in compliance with the applicable treatment standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. I have indicated the appropriate treatment standards or applicable prohibitions below.

"I Certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

SIGNATURE _____ TITLE _____ DATE _____

I have attached available waste analysis data ☐ YES ☐ NO

RESTRICTED WASTE SUBJECT TO EXTENSION, PETITION, OR VARIANCE

III. ☐ The waste material identified above is subject to a case-by-case extension under 268.5, a petition under 268.6, or a nationwide variance under Part 268 Subpart C.

The following materials are contained in the waste and either require treatment to the specified levels or have been treated to the specified level depending on whether Box I, or Box II was checked above.

SPENT SOLVENTS

Material	Treatment Standard (Mg/l) Wastewater	Other
Acetone	0.05	0.59
n-Butyl Alcohol	5.0	5.0
Carbon Disulfide	1.05	4.81
Carbon Tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1, 2 dichlorobenzene	.65	.125
Ethyl Acetate	.05	.75
Ethyl Benzene	.05	.053
Ethyl Ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene Chloride	.20	.96
Methylene Chloride (Pharmaceutical Industry)	12.7	.96
Methyl ethyl ketone	.05	.75
Methyl isobutyl ketone	.05	.33
Nitrobenzene	.66	.125
Pyridine	1.12	.33
Tetrachlorethylene	.079	.05
Toluene	1.12	.33
1, 1, 1-Trichloroethane	1.05	.41
1, 2, 2 Trichloro-		
1, 2, 2-Trifluoroethane	1.05	.96
Trichloroethylene	.062	.091
Trichlorofluoromethane	.05	.96
Xylene	.05	.15

- "CALIFORNIA LIST" PROHIBITIONS
- Liquid hazardous waste that contain HOCs in total concentrations greater than or equal to 1,000 mg/l but are not wastewaters.
 - Non-liquid hazardous wastes containing HOCs in total concentrations greater than or equal to 1,000 mg/kg.
 - Liquid Hazardous Waste having a pH less than or equal to 2.
 - Liquid Hazardous Waste containing pcb's at a concentration greater than or equal to 50 ppm.
 - Liquid Hazardous Waste that is primarily water and contains halogenated organic compounds (HOC's) in total concentration greater than or equal to 1,000 ppm and less than 10,000 ppm.
 - ☒ Liquid Hazardous Waste, including free liquids associated with any solid or sludge, containing the following metals or compounds of these metals at concentrations at greater than or equal to those specified below:
 - Arsenic (As) 500 ppm
 - Cadmium (Cd) 100 ppm
 - Chromium (Cr⁶) 500 ppm
 - ☒ Lead (Pb) 500 ppm
 - Mercury (Hg) 20 ppm
 - Nickel (Ni) 134 ppm
 - Selenium (Se) 100 ppm
 - Thallium (Tl) 130 ppm
 - Liquid Hazardous Waste, including free liquids associated with any solid or sludge, containing free Cyanides at concentrations greater than or equal to 1,000 ppm.

I hereby certify that all information supplied above, and attached is complete and accurate to the best of my knowledge and ability to determine that no omissions or errors exist.

NAME Robert Maultsby TITLE Safety Director
SIGNATURE Robert Maultsby DATE 7/5/89

NOTIFICATION FOR WASTES RESTRICTED FROM LAND DISPOSAL

MATERIAL TYPE: ☐ SPENT SOLVENT ☒ "CALIFORNIA LIST" WASTE

GENERATOR'S NAME CFR Graphic Inc. SITE ADDRESS 171 Sa Newman ST.

HACKENSACK N.J.

GEN. EPA ID. NUMBER NJID 01854941614 07601

MANIFEST NO. NTA0661871 Line No. ☒ 11a ☐ 11b ☐ 11c ☐ 11d

APPROVAL # 003 HAZARDOUS WASTE NUMBER(S) 0008

I am supplying this notice and certification to SW Waste Inc. in accordance with the requirements of regulations at 40 CFR 268.7. I have determined that the material described above either contains spent solvents or is a "California list" waste as defined in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

RESTRICTED WASTE REQUIRING TREATMENT

I. ☒ I am the generator of an untreated waste restricted from land disposal under 40 CFR 268. This waste, identified above, may not be land disposed unless it is first treated to the appropriate treatment standard(s), as indicated below. I have attached available waste analysis data ☐ YES ☒ NO

RESTRICTED WASTES NOT REQUIRING FURTHER TREATMENT

II. ☐ The waste identified above has been treated in compliance with the applicable treatment standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. I have indicated the appropriate treatment standards or applicable prohibitions below.

"I Certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

SIGNATURE _____ TITLE _____ DATE _____

I have attached available waste analysis data. ☐ YES ☐ NO

RESTRICTED WASTE SUBJECT TO EXTENSION, PETITION, OR VARIANCE

III. ☐ The waste material identified above is subject to a case-by-case extension under 268.5, a petition under 268.6, or a nationwide variance under Part 268 Subpart C.

The following materials are contained in the waste and either require treatment to the specified levels or have been treated to the specified level depending on whether Box I, or Box II was checked above.

SPENT SOLVENTS

Material	Treatment Standard (Mg/l)	
	Wastewater	Other
Acetone	0.05	0.59
n-Butyl Alcohol	5.0	5.0
Carbon Disulfide	1.05	4.81
Carbon Tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1, 2 dichlorobenzene	.65	.125
Ethyl Acetate	.05	.75
Ethyl Benzene	.05	.053
Ethyl Ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene Chloride	.20	.96
Methylene Chloride	12.7	.96
(Pharmaceutical Industry)		
Methyl ethyl ketone	.05	.75
Methyl isobutyl ketone	.05	.33
Nitrobenzene	.66	.125
Pyridine	1.12	.33
Tetrachlorethylene	.079	.05
Toluene	1.12	.33
1, 1, 1-Trichloroethane	1.05	.41
1, 2, 2 Trichloro-		
1, 2, 2-Trifluoroethane	1.05	.96
Trichloroethylene	.062	.091
Trichlorofluoromethane	.05	.96
Xylene	.05	.15

"CALIFORNIA LIST" PROHIBITIONS

- ☐ Liquid hazardous waste that contain HOCs in total concentrations greater than or equal to 1,000 mg/l but are not wastewaters..
- ☐ Non-liquid hazardous wastes containing HOCs in total concentrations greater than or equal to 1,000 mg/kg.
- ☐ Liquid Hazardous Waste having a pH less than or equal to 2.
- ☐ Liquid Hazardous Waste containing pcb's at a concentration greater than or equal to 50 ppm.
- ☐ Liquid Hazardous Waste that is primarily water and contains halogenated organic compounds (HOC's) in total concentration greater than or equal to 1,000 ppm and less than 10,000 ppm.
- ☒ Liquid Hazardous Waste, including free liquids associated with any solid or sludge, containing the following metals or compounds of these metals at concentrations at greater than or equal to those specified below:
 - ☐ Arsenic (As) 500 ppm
 - ☐ Cadmium (Cd) 100 ppm
 - ☒ Chromium (Cr⁶) 500 ppm
 - ☒ Lead (Pb) 500 ppm
 - ☐ Mercury (Hg) 20 ppm
 - ☐ Nickel (Ni) 134 ppm
 - ☐ Selenium (Se) 100 ppm
 - ☐ Thallium (Tl) 130 ppm
- ☐ Liquid Hazardous Waste, including free liquids associated with any solid or sludge, containing free Cyanides at concentrations greater than or equal to 1,000 ppm.

I hereby certify that all information supplied above, and attached is complete and accurate to the best of my knowledge and ability to determine that no omissions or errors exist.

NAME Robert Maultsby TITLE Safety Director
SIGNATURE Robert Maultsby DATE 8/17/89



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

JACOB K. JAVITS FEDERAL BUILDING

NEW YORK, NEW YORK 10278

OCT 17 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Carlos Suarez
Plant Manager
Ceragraphics, Inc.
171 S. Newman St.
Hackensack, New Jersey 07601

Re: Ceragraphics, Inc.
EPA ID No. NJD085494664

Dear Mr. Suarez:

This Warning Letter is issued pursuant to Section 3008 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 ("RCRA") and the Hazardous and Solid Waste Amendments of 1984 ("HSWA") 42 U.S.C. §§ 6901, 6928.

Pursuant to HSWA on November 7, 1986, EPA promulgated regulations which prohibited the land disposal of restricted waste. 51 Fed. Reg. 40,572 (November 7, 1986). These regulations are published in 40 CFR Part 268, and amend various sections of 40 CFR Parts 260-265 and 270. They became effective on November 8, 1986.

The State of New Jersey is authorized by EPA to conduct a hazardous waste program under Section 3006 of RCRA, 42 U.S.C. § 6926. However, the authorized State program does not include provisions of HSWA, and regulations promulgated thereunder. EPA has the sole authority to implement and enforce regulations promulgated pursuant to HSWA, including the land disposal regulations ("LDR").

On or about June 21 and 22, 1989, a duly authorized representative of EPA conducted an inspection of Ceragraphics, Inc., Hackensack, New Jersey, pursuant to Section 3007 of RCRA, 42 U.S.C. § 6927. During this inspection, the EPA inspector noted that:

1. 40 CFR § 268.7(a)(1) which is one of the provisions of the LDR, has been violated. Section 268.7(a)(1) requires the following:

Before a generator offers waste subject to the LDR to a treatment facility, the generator must notify the treatment facility in writing of the appropriate treatment standards set forth in Subpart D of 40 CFR Part 268.

The notice must include the following information:

- (i) EPA Hazardous Waste Number;
- (ii) The corresponding treatment standards and all applicable prohibitions set forth in § 268.32 or RCRA section 3004(d);
- (iii) The manifest number associated with the shipment of the waste; and
- (iv) Waste analysis data, where available.

At the time of the above referenced inspection, several manifests were found to be without the required LDR notification. EPA requires adherence to its regulations. If you have not already done so, you must take immediate remedial action to implement the regulations published in 40 CFR Part 268. You must submit within thirty (30) days of the receipt of this letter, documentation, and a description of the actions you have taken to correct the violations noted above and to implement the regulations published in 40 CFR Part 268.

Failure to comply with the requirements of this Warning Letter may subject you to penalties of up to twenty-five thousand dollars (\$25,000) for each day of noncompliance in accordance with Section 3008 of RCRA, 42 U.S.C. § 6928.

If you have any questions regarding this matter, please contact Mr. James Sullivan, of my staff at (212) 264-6150.

Sincerely yours,

George C. Meyer, P.E., Chief
Hazardous Waste Compliance Branch

cc: Wayne Howitz, Assistant Director
Hazardous Waste Enforcement
New Jersey Department of
Environmental Protection

bcc: L. Livingston, PAB
G. Meyer, AWM-HWC
J. Sullivan, AWM-HWC

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

EPA

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

JUL 24 RECD

FACILITY NAME: Cera graphic Inc.
FILE NUMBER: 02-23-09
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: M
INSPECTION DATE: 6/21 - 6/22/89
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: Generator - Land Ban
RESPONSIBLE AGENCY CODE: _____
INSPECTOR'S NAME: Dan Burgoyne
INSPECTOR'S AGENCY: DEP / DHWMT
INSPECTOR'S BUREAU: MFO
EPA ID NUMBER: NJD085494664
ADDRESS: 177 S. Newman St., Hackensack
07601
LOT: 95/90 BLOCK: 1B 42
COUNTY: Bergen
FACILITY PERSONNEL: William Shaw - Q.A. Mgr
Robert Maultsby - Maint. Super.
TELEPHONE #: 201-489-8200
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Dan Burgoyne
REVIEWED BY: M. Perlman
DATE OF REVIEW: 8/30/89

6/21-6/22/89

TIME IN: 9:00 am.

TIME OUT: 4:00 pm.

PHOTOS TAKEN ☐ YES ☒ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 14

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.

-A1-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS:

On 6/21 - 6/22/89 I conducted an inspection of Ceragraphics Inc., 171 South Newman St., Hackensack, to determine compliance with hazardous waste generator requirements in accordance with N.J.A.C. 7:26-1 et seq. and USEPA land ban restriction requirements. I met with Carlos Suarez the Plant Mgr., who introduced me to William Shaw - O.C. Mgr. and Robert Maulsby - Maint. Super & Safety Director.

According to Messrs. Shaw and Maulsby, Ceragraphics has been operating at this address for the past 30 years, prior to this the facility conducted the same business under different ownership. Ceragraphics employs 120 workers. Presently factory personnel work two shifts 7 a.m. - 3:30 p.m. and 3:30 p.m. - 12 a.m., and on certain occasions a third shift is employed from 11:30 p.m. - 7:00 a.m.. The work week runs Monday - Friday and sometimes on Saturday.

The Corporation is involved in the painting / printing or etching / printing of glass bottles used in the cosmetic industry. Some of Ceragraphics' customers include Revlon and Estee Lauder. The glass bottles used are pre-manufactured and shipped to Ceragraphics for either color painting with ceramic silk screen printing or etched with ceramic silk screen printing. The amount of bottles processed varies daily depending on the amount of business. The glass bottles which are spray painted are processed as follows:

- 1) Bottles are spray painted in one of four paint spray booths in assembly line fashion (located on attached plant layout in Lehr Oven area 15). A water based paint with lead constituent is used. The spray booths

-A2-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

have a water curtain to collect overspray. The amount of paint consumed from a single spray booth generally amounts to 2.5 gals / 8 hr day or 15 gals / 16 hr day.

2) The painted bottles are then sent via assembly line to the respective Lehr oven so that the paint is baked on to the glass. The Lehr ovens are kept at different temperatures as follows

a) Lehr Oven #1 - 880-900°F

b) " " #2 - 1160-1180°F

c) " " #3 - 1180°F

d) " " #4 - 1180°F

e) " " #5 - 1200°F

f) " " #6 - 1160-1180°F

After the bottles leave the Lehr oven, they are either packed in boxes for shipment or they are sent to one of the printing lines (see diagram) for silk screen printing. Silk screens are produced involving photography, a negative image of the print to be used is transferred to a piece of silk. The printed silk is cut out and placed into a printing head on one of the print lines, a ceramic printing ink is maintained in the printing head and each bottle is printed when the line worker presses a pneumatic foot pedal, pressing the silk screen to the bottle. If excess print gets on the bottle, the worker blots it off.

3) The printed glass bottles are then sent back to one of the Lehr ovens. After the printed bottles go through one of the Lehrs at the required temperature, flux is applied. The flux is a water based paint made for

-A3-

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued):

printing operations. The fired ceramic ink turns to glass (glass print fuses to the glass bottle).

4) The finished product is then boxed and shipped to the manufacturer.

The hazardous waste generated from this process is paint sludge containing lead constituent. The waste sludge is collected in a water trough located inside the spray booth, it is dug out and transferred into 55 gal. drums. The drum is labelled hazardous waste and an accumulation start date is marked on the drum. Solids settle to the bottom of the drum after 48 hours. Settling is enhanced by a flocculant added to the drum. After settling, the pH of the paint solution is checked by meter and litmus paper, if required the waste solution is neutralized by adding an Oakite Product called Disposaid. Wastewater effluent is sent to the Bergen County Utilities Authority (BCUA), and the solids collected in the drum are hauled by and shipped to S&W Waste in Kearny designated as D008 based on lead constituent in the paint.

Some of the glass bottles are etched as requested by the customer which gives the bottle a frosted look. The process is conducted as follows:

1) Hydrochloric acid and ammonium bifluoride (Levite SX-70) are mixed in a 55 gal. closed tank.

2) The mixture is either pumped in large amounts or piled in small amounts to the acid etch machine. The machine is approx. 20 gallons in capacity. The bottles to be etched are placed on holders similar to the spray operation and run by assembly line to the acid etch bath where they are submerged in the solution.

- 3) After passing through the acid bath the bottles are sent to the 30 gallon rinse tank and are submerged in water which is constantly replenished.
 - 4) The bottles are then air dried by being sprayed by 25 air spray nozzles along the conveyor line.
 - 5) If required the bottles are placed on a plastic rack to remove white powder residue which can collect in the bottle neck threads (powder is probably fluoride particulate due to incomplete mixture according to plant chemist).
 - 6) A second water rinse and air dry is conducted to these bottles after powder removal.
 - 7) The finished etched glass is then shipped in boxes for silk screening following the procedure discussed earlier (silk screen printing, Lehr oven firing of ceramic print).
 - 8) The finished product is boxed and sent to the manufacturer.
- The effluent waste generated from the acid etch process is treated in a collection pit. Caustic is metered into the pit by an electrical pump which is set for a certain amount of drips/minute. The pH is checked by the supervisor for this work station and Robert Mauffly using a pH meter. The pH is adjusted to 6-7. The effluent is then pumped off to BCVA. The solid waste is shoveled out of the pit into 55 gal drums. The pH is checked by meter and litmus paper before drumming the solid waste (and neutralized if required). ~~SEN~~ still categorizes the drummed waste from this station as D002 as a precaution for disposal purposes.

Other work areas at Caragraphics include a machine shop; at this station I asked Bill and Bob if waste oil is generated. They explained that very little oil is generated and any that is can be reused for lubrication of pallet jacks or on other machines. The facility has one 20 h.p. boiler which burns natural gas. The facility has an ADT water sprinkler system in case of fire. There is a warehouse located on the south end of the building. I requested to see the hazardous waste drum storage area; Bob & Bill took me to the site near the loading dock (see diagram), but no drums of hazardous waste were on site at this time. Bill Shaw stated that there are no underground or above ground storage tanks at the facility, and none were observed during the inspection.

After inspecting the facility I returned with the plant representatives to review manifests. I reviewed 14 manifests from 1986 through 1989. All manifests were properly completed, however land ban restriction notices were not attached to the manifests for the restricted wastes D001 or D002. Bill Shaw stated he was not aware of what land ban notices were and explained that SEW was contacted with to handle manifesting and the necessary responsibilities. I explained to Bill that the ultimate responsibility for this notification is with ^{the} generator, and that a copy of such notification must be kept with each manifest in the generator's files. After completing the manifest review I departed the facility and informed Bob & Bill that I would return the next day (6/22/89) to complete the inspection.

0 7 (4)

On 6/20/89 I returned to review the Corporation's personnel training program and the Contingency Plan, the following regulatory deficiencies were found:

7:26-9.4(g)5- The Corporation failed to provide personnel an annual review of initial training.

7:26-9.4(g)6i- The Corporation failed to provide documentation indicating job title and name of each employee filling each hazardous waste management position.

7:26-9.4(g)6ii- The Corporation failed to provide a written job description for each hazardous mgmt. position.

7:26-9.4(g)6iii- The Corporation failed to provide a written job description on the type and amount of introductory and continuing hazardous waste management training.

7:26-9.4(g)8- The Corporation failed to conduct semi-annual drills involving all employees and local authorities.

7:26-9.7(e)- The Corporation's Contingency Plan fails to describe arrangements agreed to by local police and fire dept, hospitals, contractors etc.

These violations were written and served to Mr Carlos Suarez. He was informed also that EPA would be notified by our office that land ban notices were not utilized by Ceragraphic for restricted waste in violation of 40 CFR 268.7(a)1. Mr Suarez stated that the Corporation will take all the necessary steps to insure compliance. A follow-up inspection of this facility is scheduled for July 7, 1989.

Cerographic Report Addendum

In response to question #4, yes the waste from the paint spray operation is treated within a 55 gal. drum, flocculant is added to enhance settling of the solids, the liquid is separated and sent out as a wastewater effluent, the sludge is shoveled into a drum for final disposal and categorized as D008 based on lead constituent. Waste analysis sheets are attached to the RCRA land ban disposal checklist.

In response to the second part of the question, the waste sludge from the acid ~~etch~~ etch operation is neutralized by Cerographic personnel while in the treatment pit to pH 7. According to Carlos Suarez - pit mgr. the sludge is drummed as hazardous waste D002 since on occasion it had been determined by STW that after storage the pH drops to below 2.

In response to the third part of the question the effluent is tested every 2 months by the Bergen County Utilities Authority for pH since hydrochloric acid is used in the acid etch process and testing for lead concentration according to Mr Suarez. He went on to say that he has a private laboratory conduct testing (Laboratory Resource) in conjunction with the BCUA test team.

In response to the final part of question #4 according to the process description given to me by Mr Suarez. the majority of the liquid portion of paint waste is separated from the settled sludge and sent off as a wastewater effluent, a small percentage of liquid remains in the sludge and drummed off as D008.

-B-

Describe the activities that result in the generation of hazardous waste.

Spray painting resulting in haz. waste paint sludge containing lead
constituent - (D008)

Acid etching of glass bottles resulting in haz waste c.-rosive
sludge - (D002)

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

No hazardous wastes stored on site during inspection

GENERAL

GENERAL CHECKLIST

YES NO N/A

7:26-7.4(a)1

Does the Generator have an EPA ID number?

✓ — —

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

✓ — —

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

✓ — —

Is the waste hazardous?

✓ — —

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

✓ — —

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

— — —

7:26-7.4(a)4i

The generator's name, address and phone number.

✓ — —

7:26-7.4(a)4ii

The generator's EPA ID number.

✓ — —

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

✓ — —

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vi

The TSF's EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vii

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

✓ — —

7:26-7.4(a)4viii

Special handling instructions and any other information required on the form to be shipped by generator?

✓ — —

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	—	—	✓
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	✓	—	—
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	—	—	—
7:26-7.4(a)5i	Sign the manifest certification by hand?	✓	—	—
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	✓	—	—
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	✓	—	—
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	✓	—	—
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	✓	—	—
7.26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	✓	—	—
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	✓	—	—
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	—	—	✓
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	—	—	✓

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
- ☐ Tanks (less than 90 days)
- ☐ Above ground
- ☐ Below ground
- ☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
- ☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than
90 days?— X —

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4			X
7:26-9.4(d)2			
7:26-9.4(d)4i			
7:26-9.4(d)4iiv			
7:26-9.4(d)4iv			
7:26-9.4(d)4v			
7:26-9.4(d)5			
7:26-9.4(d)6			
7:26-7.2(a)			
7:26-9.3(a)3			

No containers
at haz. h
on site
at this time

		YES	NO	N/A
7:26-7.2(b)	Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)	X	—	—
<u>Tanks</u> (Less than 90 day storage)				
7:26-9.3(b)	Does the generator accumulate hazardous waste on-site in an above ground tank?	—	—	X
	If yes, describe the tank(s):			
	1) Capacity			
	2) Shell thickness			
	3) Material Construction			
	4) Age of tank			
7:26-9.3(b)	Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?	—	—	—
7:26-9.3(b)1	Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?	—	—	—
7:26-9.3(b)4	Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?	—	—	—
7:26-9.3(b)5	Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?	—	—	—
7:26-9.3(b)6	Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?	—	—	—
7:26-9.3(b)8	If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?	—	—	—
7:26-10.5(c)1	Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?	—	—	—
7:26-10.5(c)2	Does the generator use appropriate controls and practices to prevent overfilling?	—	—	↓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	X
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.			
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

7:26-10.5(d)41	If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?	<u>X</u>	—	—
7:26-9.4(g)4	<u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	<u>X</u>	—	—
7:26-9.4(g)5	Has facility personnel taken part in an annual review of initial training?	—	<u>X</u>	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed?	<u>X</u>	—	—
	Is there written documentation of the following:			
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	<u>X</u>	—
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	—	<u>X</u>	—
7:26-9.4(g)6111	A written job description on the type <u>and amount</u> of both introductory and <u>continuing</u> training that has been and will be given to personnel in jobs related to hazardous waste management?	—	<u>X</u>	—
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	<u>X</u>	—	—
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	<u>X</u>	—	—

YES NO N/A

7:26-9.6	<u>Preparedness and prevention</u>			
	Does the facility comply with preparedness and prevention requirements including maintaining:			
7:26-96(b)1	An internal communications or alarm system?	<u>X</u>	—	—
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	<u>X</u>	—	—
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	<u>X</u>	—	—
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?	<u>X</u>	—	—
7:26-9.6(c)	Is equipment tested and maintained?	<u>X</u>	—	—
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?	<u>X</u>	—	—
7:26-9.6(e)	Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	—	—	<u>X</u>
	If no, please explain.			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	—	<u>X</u>	—
	Non-flammable materials according to MSDS			
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type waste handled on site:	—	—	—
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.	<u>X</u>	—	—

NO container
on site
at this
time

YES NO N/A

7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<u>X</u>	—	—
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment supplies?	<u>X</u>	—	—
7:26-9.6(f)4	<i>ADT - Fire Emergencies</i> <i>StW - H.W.</i> Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility?	—	—	—
7:26-9.6(f)5	Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually? <i>Yes Quarterly</i>	<u>X</u>	—	—
7:26-9.6(f)6	If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.	—	—	<u>X</u>
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7?	—	<u>X</u>	—
7:26-9.4(g)81	If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement?	—	<u>X</u>	—
7:26-9.4(g)811	Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements?	—	<u>X</u>	—
	If yes, did the owner operator provide those specific local officials with written approval of the exemption?	—	—	<u>X</u>

YES NO N/A

- 7:26-9.7 Contingency Plan and Emergency Procedures
- 7:26-9.7(a) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water? X — —
- 7:26-9.7(b) Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? — — X
- 7:26-9.7(c) Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility? X X —
- 7:26-9.7(d) Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq. — X —
- If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section? — — —
- 7:26-9.7(e) Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services? — X —

YES NO N/A

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?

X — —

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?

X — —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)?

X — —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility;
2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?

X — —X — —

7:26-9.7(k)

Is there an employee on site or on call at all times with the responsibility of coordinating all emergency response measures?

X — —

Ceragrophic

CHECKLIST FOR REVIEW OF WASTE ANALYSIS PLANS
FOR COMPLIANCE WITH LAND DISPOSAL RESTRICTIONS

	YES	NO
I. Is a Waste Analysis Plan available for review?	_____	_____
If yes and facility is generator with interim status or permit, continue with PART I. A, B and C.		
If yes and facility is Commercial TSD, GO TO PART II.		
If yes and facility is generator treating and disposing of their own waste, GO TO PART II and IV.		
If no and facility is Commercial Transfer Station, GO TO PART III.		
If no and facility is in generator only status, fill out PART I. A and B only.		
A. Has facility determined whether waste is restricted from land disposal based solely on knowledge of waste?	_____	_____✓
If no, GO TO PART IB.		
If yes,		
1. Are any chemicals used in facility's process(es) likely to produce a restricted waste stream(s)?	_____	_____
If yes, explain below.		
2. Are the chemicals used as raw materials?	_____	_____
If yes, list which ones below.		
3. Are solvents used ?	_____	_____
If yes, list which ones below.		
4. Has waste stream changed since the facility made its last determination about land restrictions ?	_____	_____
If yes, explain below.		

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
ENFORCEMENT ELEMENT

	YES	NO
5. If generator claims solvent concentration is below action level, are analytical results available?	_____	_____
6. Has facility determined whether waste is restricted from land disposal by testing the waste or waste extract?	_____✓_____	_____
If no, facility is not in compliance.		
If yes,		
1. Was the TCLP used? <i>Total Waste Constituent</i>	_____✓_____	_____✓_____
2. Was the Paint Filter Liquids Test (PFLT) used?	_____	_____✓_____
If no to 1 & 2 facility is not in compliance.		
3. Has waste stream changed since last analysis?	_____	_____✓_____
If yes, explain below.		
C. Does WAP specify how facility will comply with LDR?	_____	_____
For all restricted wastes?	_____	_____
If no, facility is not in compliance.		
II. Review of Commercial TSD WAP.		
A. Does WAP require the facility to analyze the first shipment of each waste type from each client?	_____	_____
B. Does WAP provide means of classifying potentially restricted wastes as:		
1. From off-site source?	_____	_____
2. Facility's own waste?	_____	_____
3. Waste to be shipped off-site?	_____	_____
C. Does WAP state what procedures will be used for periodic waste inspections after first shipment?	_____	_____
D. Are appropriate test methods specified in WAP?	_____	_____
E. Does WAP specify procedures for handling each type of restricted waste listed in manifests received?	_____	_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
ENFORCEMENT ELEMENT

	YES	NO
F. Is latest revision of WAP dated after 8 Jul 1987 ?	_____	_____
G. Does WAP specify that residue of restricted waste will be analyzed ?	_____	_____
H. If off-site treatment facility, does WAP specify that analytical data will be obtained from generator or previous handler of waste ?	_____	_____
I. Additionally, if TREATMENT facility,		
1. Does WAP specify the analysis to be performed on treatment residues ?	_____	_____
2. Does WAP address ALL residues (including those from non-hazardous wastes and non-restricted wastes) as potentially restricted wastes ?	_____	_____
3. Does WAP specify that residues will be evaluated from point of generation ?	_____	_____
4. If facility is INCINERATOR, does WAP specify that restricted DIOXIN wastes F020-F023 and F026-F028 will NOT be accepted ?	_____	_____
J. Additionally, if Off-site Land Disposal Facility,		
1. Does WAP state procedures for testing incoming waste shipments allowing facility to be certain that BDAT standards are met ?	_____	_____
If no, does plan state that customers must supply test results ?	_____	_____
2. Does WAP state that all waste analysis results and certifications will be maintained ?	_____	_____
3. Do operating records show instances of facility rejecting shipments ?	_____	_____
III. Facility is a Commercial Transfer Station		
Does facility store restricted waste for less than ten days ?	_____	_____
If no, requirements of PART II apply.		

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
ENFORCEMENT ELEMENT

	YES	NO
If yes, do operating records include		
1. Customer waste analysis results ?	_____	_____
2. Customer notifications ?	_____	_____
3. Customer certifications ?	_____	_____
IV. Facility is Generator treating and disposing of their own waste.		
In addition to requirements of part II,		
A. Is the WAP being implemented for both restricted wastes and their treatment residues ?	_____	_____
B. Does WAP specify that treatment residues will be tested for compliance with BDAT ?		
C. Does WAP specify that non-treated restricted waste will be tested prior to land disposal for BDAT compliance ?	_____	_____
D. Do operating records contain all testing records ?	_____	_____

Inspector: Dan Bursage
Address: 2 Babcock Pl. W. Orange
N.J.
Telephone No: (201) 669-3960

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name Ceragraphics, Inc. B. Street (or other identifier) 171 S. Newman St.
C. City Hackensack D. State N.J. E. Zip Code 07601 F. County Name Bergen
G. Nature of Business; Identification of Operations: SIC Code(s) Glass bottle printing and decoration
H. EPA ID # NJD085494664
I. Handler Contact (Name and Phone Number) William Shaw - Q.C. Mgr. or Robert Maulitzky - Maint Super.

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(i) F001, F002, F004, or F005 Yes ☒ No

(ii) F003 Yes ☒ No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

Yes No

b. Source of the above: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Reports other (specify)

N/A
↓

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ☐ Yes ☒ No
(ii) F028 ☐ Yes ☒ No

[F-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 ☒ Yes ☐ No
(ii) D004 - D011 ☐ Yes ☒ No

Waste is sometimes haz due to pH < 2.0

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ☒ Yes ☐ No

D008 waste is genera in the form of paint sludge (not liquid)

[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ☐ Yes ☒ No

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ☐ Yes ☒ No*

The generator knows the hazardous waste is a liquid

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ☒ Yes ☐ No

Total const test by SPW 11/15/88
If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

☐ Yes ☐ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

NO

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

NO

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? Yes No

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? Yes No*

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? Yes No
2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? Yes No*

N/A



2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?
_____ Yes _____ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?
_____ Yes _____ No*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?
_____ Yes _____ No*

- b. Does the facility handle K061 wastes?
_____ Yes _____ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?
_____ Yes _____ No*

- c. Does the facility handle K101 or K102 wastes?
_____ Yes _____ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?
_____ Yes _____ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?
_____ Yes _____ No

N/A

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ☐ Yes ☒ No

- (i) List wastes for which "applied knowledge" was used:

b. TCLP ☐ Yes ☒ No

- (i) List wastes for which "TCLP" was used:

- (ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ☐ Yes ☐ No

If yes, list: _____

c. Total waste analysis ☒ Yes ☐ No

- d. If files were retained, describe content and basis of applied knowledge determination:

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: 11/15/88

Note which wastes were subjected to which tests:

D002 - Corrosive
D008 - Lead content

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) _____

conducted by STW
11/15/88 See attached
test results

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]?
_____ Yes _____ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: _____

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
_____ Yes* ☒ No

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite?
☒ Yes _____ No

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
_____ Yes _____ No

If yes, TSDP checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ☒ Yes _____ No*

(ii) Corresponding treatment standard?
_____ Yes ☒ No*

(iii) Manifest number? ☒ Yes _____ No*

(iv) Waste analysis, if available?
_____ Yes _____ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities Stw
Kearny, N.J.

- b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:
- (i) EPA hazardous waste I.D. number? ☐ Yes ☐ No*
 - (ii) Corresponding treatment standard? ☐ Yes ☐ No*
 - (iii) Manifest number ☐ Yes ☐ No*
 - (iii) Certification regarding waste and that it meets treatment standards? ☐ Yes ☐ No*

Identify land disposal facilities receiving the BDAT certified wastes _____

- c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

- (i) EPA Hazardous Waste Number? ☐ Yes ☐ No*
- (ii) Corresponding Treatment Standards? ☐ Yes ☐ No*
- (iii) All applicable prohibitions? ☐ Yes ☐ No*
- (iv) The manifest number? ☐ Yes ☐ No*
- (v) The date the wastes are subject to prohibitions? ☐ Yes ☐ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? ☐ Yes ☐ No*

N/A

N/A

* A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records
are not provided per above [§268.7(a)(b)]:

N/A

Identify TSDFs receiving any prohibited wastes
subject to any exemptions and variances:

- d. If handler generates a "soft hammer" waste,
does the generator send with each "soft hammer"
waste shipment to a TSDF and retain copies of,
a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available?
☐ Yes ☐ No

- (i) Do the generator's records indicate that
any soft-hammer wastes are destined for
disposed in a landfill or surface
impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and
waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstra-
tions and certifications for each
"soft-hammered" waste destined to be
disposed in landfill or surface impound-
ment to the Regional Administrator prior
to the shipment of waste to the TSDF
[§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the
demonstration on site [§268.8(a)(3)-
(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all
§268.8 certifications sent to the TSDF
[§268.7(a)(6)] ☐ Yes ☐ No*

2. A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

N/A



- (v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? ☐ Yes ☒ No*
- (vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? ☐ Yes ☒ No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? ☐ Yes ☒ No*

If yes, TSDP Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ☐ Yes ☒ No

If yes, list type of treatment unit and processes

If yes, TSDP checklist must be completed.

RECEIVED NOV 29 1988

SW OFF-SPEC
WASTE INC.
Q.A./O.C. REPORT DATE

DOCUMENT # 1510
PAGE 1 of 1

Trailer/H.O.O./R.O.T./Tanker 4411
MANIFEST NO. NDT 0534815
GENERATOR Telegraphics
REVENUE TICKET NO. 8620
LOCATION 1-Aden sack, ND
EPA. ID NO. _____
TECH CONTACT _____
PHONE _____
TRANSPORTER/DRIVER John
DISPOSAL SITE _____
DATE/TIME ARRIVAL 11-21-88 3:56

DATE/TIME O.C. INFORMED 11-21-88 3:56
DATE/TIME OF SAMPLING 11/23 1:00pm
SAMPLER Wt Per BC
NO. OF DRUMS/GALS/YDS 29
NO. OF DRUMS SAMPLED 29
NO. OF DRUMS OVERPACKED _____
TOTAL NO. OF SAMPLES 6
SAMPLING CONDITIONS: TEMPERATURE (IN/OUTDOORS) INDOORS
WEATHER Clear INDOORS OUTDOORS

DATE/TIME SAMPLES RECEIVED IN LAB 11/23 1:00pm
SAMPLE LOCATION 1A5
DATE/TIME ANALYTICAL WORK COMPLETED 11/23/88 600 PM/NA
DATE/TIME OPERATIONS REVIEW _____
DATE/TIME ENVL. REVIEW/MANIFEST _____
SIGNED _____

LAB ANALYSIS (CHECK ONE)
☐ OUTGOING SOLIDIFIED ☒ INCOMING DRUMS ☐ SALES ☐ PREP TEAM ☐ YARD
☐ OUTGOING LIQUIDS ☐ INCOMING BULK ☐ OTHER: _____

SAMPLE IDENTIFICATION			SHIPPING NAME / WASTE TYPE		DRUM #	DM SIZE	DM COND	VISUAL & COMMENTS:								
Ureaprophylus			Hus 0008		1-10	5T	DC.	up to 1/2 liq/solid.	11/23/93 09:15							
P.F. TEST	F.P. CC F.P. O.C.	IGN	BTU/gal.	% CL	SP. GR.	Compat SOLV.	Compat H2O	PH	T.O.C.	REACTIVITY A-B-K-D-S-W-*	B.S. & W.	CENTRIFUGE	CI SPOT.	CN SPOT.	S SPOT.	PCB
L	7140-C				0.99	Neg	Pos	10.0	8160	N.R.			Neg	Neg	Neg	LT
					10.0	10.0	10.0	10.0					Neg	Neg	Neg	139

VISUAL: 20% 90% red aqueous liquid 80% bottom red solid													10	54 SL	
SAMPLE IDENTIFICATION	SHIPPING NAME	WASTE TYPE	DRUM #	DM SIZE	DM COND	VISUAL & COMMENTS	REACTIVITY A-B-K-D-S-W-*	B.S. & W. CENTRIFUGE	CI SPOT.	CN SPOT.	S SPOT.	PCB			
" "	WAC 1105	P008	11, 12	5T	DC	1/2 liq / solid.									
P.F. TEST	F.P. CC F.P. O.C.	IGN	BTU/gal.	% CL	SP. GR.	Compat SOLV.	Compat H2O	PH	T.O.C.	REACTIVITY A-B-K-D-S-W-*	B.S. & W. CENTRIFUGE	CI SPOT.	CN SPOT.	S SPOT.	PCB
L	975140-C				0.99	Neg	Pos	10.0	6430	N.R.		Neg	Neg	Neg	LT 39

VISUAL: 20% 90% red red aqueous liquid 80% bottom red solid
40% 90% red red aqueous liquid 60% bottom solid



WASTE INC.

Q.A./O.C. Report

CONTINUATION FORM

Trailer/R.O.O./R.O.T./Tanker 1227
Manifest No. MTA-0534 815
Generator Decagraphics

DOCUMENT # 14510
PAGE 3 of 3

SAMPLE IDENTIFICATION	SHIPPING NAME / WASTE TYPE	DRUM No. (s)	DM SIZE	DM COND.	SAMPLING VISUAL & COMMENTS:	DATE	REACTIVITY A-B-KD-S-W-*	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)		
Decagraphics	BTU/gal.		55	OK		OFF-SP. 10/10/84						
P.F. TEST	F.P. 9F CC F.P. 9F CC	IGN	% CL SPOT TEST	SP. GR.	Compat Fuel Solv.	Compat H ₂ O	pH	T.O.C. (ppm)	REACTIVITY A-B-KD-S-W-*	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)
L	67140F	C	Neg		Neg	10.0	15-28	N.R.	Neg	Neg	39	

VISUAL: 100% clear colorless aqueous liq 7981 bottom white solids

SAMPLE IDENTIFICATION	SHIPPING NAME / WASTE TYPE	DRUM No. (s)	DM SIZE	DM COND.	SAMPLING VISUAL & COMMENTS:	DATE	REACTIVITY A-B-KD-S-W-*	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)		
P.F. TEST	F.P. 9F CC F.P. 9F CC	IGN	% CL SPOT TEST	SP. GR.	Compat Fuel Solv.	Compat H ₂ O	pH	T.O.C. (ppm)	REACTIVITY A-B-KD-S-W-* <td>CYANIDE SPOT TEST</td> <td>SULFIDE SPOT TEST</td> <td>PCB's (ppm)</td>	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)

VISUAL:

SAMPLE IDENTIFICATION	SHIPPING NAME / WASTE TYPE	DRUM No. (s)	DM SIZE	DM COND.	SAMPLING VISUAL & COMMENTS:	DATE	REACTIVITY A-B-KD-S-W-*	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)		
P.F. TEST	F.P. 9F CC F.P. 9F CC	IGN	% CL SPOT TEST	SP. GR.	Compat Fuel Solv.	Compat H ₂ O	pH	T.O.C. (ppm)	REACTIVITY A-B-KD-S-W-* <td>CYANIDE SPOT TEST</td> <td>SULFIDE SPOT TEST</td> <td>PCB's (ppm)</td>	CYANIDE SPOT TEST	SULFIDE SPOT TEST	PCB's (ppm)

VISUAL:

Approval Code

S & W WASTE, INC.

115 Jacobus Avenue, South Kearny, NJ 07032 (201) 344-4004

Generator's Waste Material Profile Sheet

OFFICIAL USE ONLY

APPROVAL CODE 002 UPDATE

CUSTOMER NO. 002656

LSR # 02219

B # _____

TECHNICAL REP. INITIALS HM

A. GENERATOR INFORMATION

GENERATOR NAME CERAGRAPHICS INC
E.P.A. ID NO. NJD085494664 MAILING ADDRESS 171 So. NEWMAN ST, HACKENSACK, NJ 07601
WASTE PICK-UP ADDRESS SAME
TECH. CONTACT BILL SHAW TITLE S/M PHONE (201) 489-8260
WASTE NAME SPRAY BOOTH SLUDGE
PROCESS GENERATING WASTE CERAMIC SPRAYING

B. WASTE CHARACTERISTICS:

COLOR _____

ODOR _____

CHEMICAL TYPE:



ORGANIC



INORGANIC



CHLORINATED
ORGANIC

PHYSICAL STATE @ 70 F

% LIQUID _____

LAYERS:



SOLID



POWDER

% H₂O _____



SINGLE



MULTI LAYERED



LIQUID



SEMI-SOLID

% SOLIDS _____



BILAYERED

FLASH POINT (F)



≤ 100



100-140



O.C.



C.C.



140-200



≥ 200



EXACT

FUEL / SOLVENTS

BTU/GAL _____

% SULFUR _____

% CHLORIDE _____

% ASH _____

% FLUORIDE _____

BS&W _____

AQUEOUS

TOC _____

COD _____

% TOTAL SOLIDS _____

% FATS, OIL & GREASE _____

SPECIFIC GRAVITY:

EXACT



< 0.8



0.8 - 0.9



0.9 - 1.0



1.0 - 1.1



1.1 - 1.2



1.2 - 1.3



1.3 - 1.5



1.5 - 1.7

CORROSIVITY (PH)



≤ 2



2.1 - 4



4.1 - 6.9



7.0 - 8.5



8.5 - 10.0



10.1 - 12.5



≥ 12.5



EXACT

C. CHEMICAL COMPOSITION (MUST TOTAL 100 %) %

PIGMENTS
WATER

90-95
0-5

E. HAZARDOUS CONSTITUENT CONCENTRATION (mg/l) IN

TCLP EXTRACT (Land disposal prohibition)

spent solvents

Acetone	_____	Methylene chloride	_____
Benzene	_____	Methylene chloride (from the pharmaceutical industry)	_____
n-Butyl alcohol	_____	Methyl ethyl ketone	_____
Carbon disulfide	_____	Methyl isobutyl ketone	_____
Carbon tetrachloride	_____	Nitrobenzene	_____
Chlorobenzene	_____	2-Nitropropane	_____
Cresols (and cresylic acid)	_____	Pyridine	_____
Cyclohexanone	_____	Tetrachloroethylene	_____
1, 2-dichlorobenzene	_____	Toluene	_____
2-Ethoxyethanol	_____	1, 1, 1-Trichloroethane	_____
Ethyl acetate	_____	1, 1, 2-Trichloroethane	_____
Ethyl benzene	_____	1, 1, 2, 2-Trichloro-1, 2, 2-trifluoroethane	_____
Ethyl ether	_____	Trichloroethylene	_____
Isobutanol	_____	Trichlorofluoromethane	_____
Methanol	_____	Xylene	_____

dioxin containing wastes

HxCDD—All Hexachlorodibenzo-p-dioxins	_____
HxCDF—All Hexachlorodibenzofurans	_____
PeCDD—All Pentachlorodibenzo-p-dioxins	_____
PeCDF—All Pentachlorodibenzofurans	_____
TCDD—All Tetrachlorodibenzo-p-dioxins	_____
TCDF—All Tetrachlorodibenzofurans	_____
2,4,5-Trichlorophenol	_____
2,4,6-Trichlorophenol	_____
2,3,4,6-Tetrachlorophenol	_____
Pentachlorophenol	_____

D. METALS



TOTAL
TCLP

(mg/kg or ppm)
(mg/l)

ALUMINUM	<u>0</u>	LITHIUM	<u>0</u>
ANTIMONY	<u>0</u>	MAGNESIUM	<u>0</u>
ARSENIC	<u>0</u>	MERCURY	<u>0</u>
BARIUM	<u>0</u>	NICKEL	<u>1.0</u>
BERYLLIUM	<u>0</u>	SELENIUM	<u>0</u>
CADMIUM	<u>0</u>	SILVER	<u>0</u>
CHROMIUM	<u>1.0</u>	SODIUM	<u>0</u>
COPPER	<u>0</u>	THALLIUM	<u>0</u>
LEAD	<u>1.0</u>	ZINC	<u>0</u>
OTHER	<u>0</u>		

F. OTHER COMPOUNDS



ppm



%

PCB's	<u>439</u>	DIISOCYANATES	<u>0</u>
PESTICIDES/ HERBICIDES	<u>0</u>	AMMONIA	<u>0</u>
PHENOLICS	<u>0</u>	ASBESTOS	<u>0</u>
		OTHER	_____

BRANCH OFFICES:
Chicago, Illinois
Philadelphia, Pennsylvania

International Testing Laboratories, Inc.

Material Testing and Consulting Engineers
Weighers, Samplers and Assayers

578-582 MARKET STREET
NEWARK, N. J. 07105

PHONES (201) 589-4772-3-4

Cable Address: INTEL

Telex: 139187

REPORT OF TEST

No.

517142

DATE February 24, 1986

From

Ceragraphic, Inc
171 Newman Street
Hackensack, New Jersey 07601

Sample of : Paint Residue

Marked : Letter 2/14/86 - Mr. Joseph M. Mastracchio
per : D.E.P. Regulations.

Results :

Moisture-----7.69%

ASSAY AFTER DRYING

LEAD ASSAY

REQUIREMENT

42.13% = 4,213 ppm

5 ppm max.

To

Ceragraphic, Inc
Hackensack, N.J.



The liability of the International Testing Laboratories, Inc. with respect to the services charged for herein, shall in no event exceed the amount of the invoice.

Our reports pertain to the sample tested only. Information contained herein is not to be reproduced, except with our permission.

INTERNATIONAL TESTING LABORATORIES

David H. Hoffman

ITL 102 R

CERAGRAPHIC, INC.

APPLIED COLOR LABELING ON GLASS, PLASTICS, METALS

171 NEWMAN STREET, HACKENSACK, NEW JERSEY 07601 • (201) 489-8260

JOSEPH MASTRACCHIO
CHAIRMAN OF THE BOARD

February 14, 1986

International Testing Lab
578-582 Market Street
Newark, New Jersey 07105

Attention: Mr. Dave Hoffman

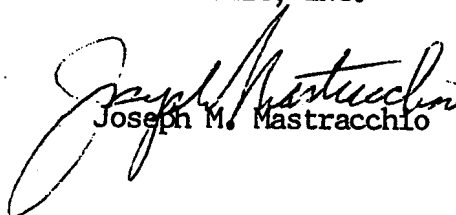
Dear Mr. Hoffman:

Under separate cover, my technical director, Richard Nairn, is sending you a sample of paint residue which we would appreciate your analyzing for its lead content. This is required as per D.E.P. regulations, which I presume you are well aware of.

If you should have any questions, please contact me or Richard Nairn.

Very truly yours,

CERAGRAPHIC, INC.


Joseph M. Mastracchio

JMM:sc

cc: R. Nairn

Handler Name: Cinegraphics Inc.
ID Number: USD 0587494104
Inspector: Dan B. Brame
Date: 6/21 - 6/22/89

Comments

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☐ No

in some colors #90 in alcohol portion in some spray mediums

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

____ Yes ☒ No
____ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

____ Yes ☒ No
____ Yes ☒ No
____ Yes ☒ No
____ Yes ☒ No
____ Yes ☒ No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers?

☒ Yes ☐ No

If the answer is yes, list the constituents.

methanol - alcohol water based particles

(b) Degreasing/cleaning?

____ Yes ☒ No

If the answer is yes, list the constituents.

(c) Diluents?

____ Yes ☒ No

If the answer is yes, list the constituents.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(d) Extractants? _____ Yes ☒ No

If the answer is yes, list the constituents.

(e) Fabric scouring? _____ Yes ☒ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media? _____ Yes ☒ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. _____ Yes _____ No

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5X methylene chloride
2X trichloroethylene
25X 1,1,1-trichloroethane
68X mineral spirits
100X

If the wastestream is a mixture containing a total of 10X or more by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33% acetone
16% methanol
51% ethyl ether
100%

If in light of the above, the handler appears to be generating F001-F005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

PAGE 1

GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: PASS RECOVERY SYSTEMS INC. CLIFTON NJD022095269	D008 LEAD	MAN: NJA0208013 AMT: 2670 P DATE: 1/29/87
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D008 LEAD	MAN: NJA0334840 AMT: 6050 P DATE: 8/26/87
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D008 LEAD	MAN: NJA0293707 AMT: 3850 P DATE: 11/24/87
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D008 LEAD	MAN: NJA0293708 AMT: 10560 P DATE: 3/11/88
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D008 LEAD	MAN: NJA0293709 AMT: 8800 P DATE: 6/01/88
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D008 LEAD	MAN: NJA0293710 AMT: 7200 P DATE: 8/31/88
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D008 LEAD	MAN: NJA0534815 AMT: 10800 P DATE: 11/21/88
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D001 CHARACTERISTIC OF IGNITABILITY	MAN: NJA0534815 AMT: 605 G DATE: 11/21/88
GEN: CERAGRAPHIC INC HACKENSACK NJD085494664	TSD: S & W WASTE INC. S KEARNY NJD991291105	D002 CHARACTERISTIC OF CORROSIVITY	MAN: NJA0534815 AMT: 330 G DATE: 11/21/88

>

MEMO

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO MFO File through Jeff Spring **(JAS)** DATE 7/17/89
 FROM Dan Buregyme
 SUBJECT Cerographics Inc. Follow-up Inspection of 7/1/89

a follow-up inspection was conducted of the subject on the date indicated. The purpose of the follow-up inspection was to determine compliance with the following New Jersey Hazardous Waste Mgmt. regulations which were not complied with as determined on the initial plant inspection (6/21 - 6/22/89).

- 7:26-9.4(g)5- The Corporation failed to provide personnel an annual review of initial training
- 7:26-9.4(g)6i- The Corporation failed to provide documentation indicating job title and the name of each employee filling each hazardous waste mgmt. position
- 7:26-9.4(g)6iii- The Corporation failed to provide a written job description on the type and amount of introductory and continuing hazardous waste mgmt. training.
- 7:26-9.4(g)6ii- The Corporation failed to provide a written job description for each hazardous waste mgmt. position
- 7:26-9.4(g)8- The Corporation failed to conduct semi-annual drills involving all employees and local authorities.
- 7:26-9.7(e)- The Corporation's Contingency Plan fails to describe arrangements agreed to by local authorities and contractors.

all of these regulations were determined to be complied with and no additional enforcement action is required. I informed the Corporate officials that enforcement action may be taken by USEPA concerning the lack of land ban restriction notices on 8 manifests.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 21, 2013 - 3:37 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD085494664	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 10/21/2013		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 7 Total Handlers: 1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rtf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, cctation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 21, 2013 - 3:37 PM

SECURITY HOLDINGS

County Name / Code: BERGEN / NJ003

NJD085494664

REGION 02

Location: 171 S NEWMAN ST, HACKENSACK, NJ 07601

Mailing: 171 S NEWMAN ST, HACKENSACK, NJ 07601

Activity Location:	NJ	State District:	NORTHERN	Accessibility:	Non-Notifier:	Extract Flag:	Y	Active Site:	Y
Generator:	CEG	Transporter:	N	Operating TSDF:	-----	IC in Place:	N	El Indicator (HE / GW)/N	N
Short-Term Gen:	N	Transfer Facility:	N	Offsite Receiver:	N	HSM:	N	Subpart K:	---
Full Enforcement:	---	Converter:	---	State Unaddressed SNC:	N	EPA Unaddressed SNC:	N		
CA Wktld:	N	State TSDF:	---	State Addressed SNC:	N	EPA Addressed SNC:	N		
Active State Gen:	N			State SNC w/Comp Sched:	N	EPA SNC w/Comp Sched:	N		

Violation: Activity Location: NJ Type: 262.A

Scheduled Compliance Date: 07/07/1989

Determined Date: 06/22/1989

Actual Compliance Date: 07/07/1989

Determined by Agency: State

Responsible Agency: State

CEI Evaluation 06/22/1989

Activity Location: NJ

By: State

Sampling: NO

Identifier: 006

Not Subtitle C: NO

Person: R2DEP

Branch: Day Zero: Found Violation: YES

Enforcement: Activity Location: NJ

Docket:

Type: 120

Agency: EPA

Action Date: 10/18/1989

Responsible Person: R2JCS

Identifier: 003

Enforcement: Activity Location: NJ

Docket:

Type: 120

Agency: State

Action Date: 06/22/1989

Responsible Person: R2DEP

Identifier: 004

CA Component: N

Disposition Status:

Appeal Initiated:

Appeal Resolved:

Violation: Activity Location: NJ Type: 268.A

Scheduled Compliance Date: 11/18/1989

Determined Date: 06/22/1989

Actual Compliance Date: 11/01/1989

Determined by Agency: State

Responsible Agency: State

CEI Evaluation 06/22/1989

Activity Location: NJ

By: State

Sampling: NO

Identifier: 006

Not Subtitle C: NO

Person: R2DEP

Branch: Day Zero: Found Violation: YES

Enforcement: Activity Location: NJ

Docket:

Type: 120

Agency: EPA

Action Date: 10/18/1989

Responsible Person: R2JCS

Identifier: 003

CA Component: N

Disposition Status:

Appeal Initiated:

Appeal Resolved:

Violation: Activity Location: NJ Type: 262.A

Scheduled Compliance Date: 02/18/1986

Determined Date: 02/03/1986

Actual Compliance Date: 06/22/1989

Determined by Agency: State

Responsible Agency: State

CEI Evaluation 02/03/1986

Activity Location: NJ

By: State

Sampling: NO

Identifier: 004

Not Subtitle C: NO

Person: R2DEP

Branch: Day Zero: Found Violation: YES

Enforcement: Activity Location: NJ

Docket:

Type: 120

Agency: State

Action Date: 02/03/1986

Responsible Person: R2JCS

Identifier: 002

CA Component: N

Disposition Status:

Appeal Initiated:

Appeal Resolved:

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 21, 2013 - 3:37 PM

SECURITY HOLDINGS, NJD085494664, HACKENSACK, NJ, continued -

Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 02/03/1986	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 12/22/1987	RTC Qualifier: NOT RESOLVABLE	Sequence Number: 6
CEI Evaluation	02/03/1986	Activity Location: NJ	By: State	Identifier: 004	Person: Found Violation: YES
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: Focus Area:

No Linked Enforcements

Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 02/03/1986	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 12/22/1987	RTC Qualifier: NOT RESOLVABLE	Sequence Number: 7
CEI Evaluation	02/03/1986	Activity Location: NJ	By: State	Identifier: 004	Person: Found Violation: YES
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: Focus Area:

No Linked Enforcements

Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 04/03/1985	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date: 06/27/1985		Actual Compliance Date: 04/01/1986	RTC Qualifier: OBSERVED	Sequence Number: 1
CEI Evaluation	04/03/1985	Activity Location: NJ	By: State	Identifier: 001	Person: Found Violation: YES
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: Focus Area:

Enforcement:	Activity Location: NJ	Type: 310	Action Date: 06/12/1985	Responsible Person: R2DEP	Identifier: 001
Docket:		Agency: State			Branch:
Penalty Information:	Proposed: \$4,750	Final Monetary: \$4,750	Collected:	Appeal Initiated:	Total Final: \$4,750
CA Component:	N	Disposition Status:		Appeal Resolved:	

Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 04/03/1985	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date: 06/27/1985		Actual Compliance Date: 04/01/1986	RTC Qualifier: OBSERVED	Sequence Number: 2
CEI Evaluation	04/03/1985	Activity Location: NJ	By: State	Identifier: 001	Person: Found Violation: YES
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: Focus Area:

Enforcement:	Activity Location: NJ	Type: 310	Action Date: 06/12/1985	Responsible Person: R2DEP	Identifier: 001
Docket:		Agency: State			Branch:
Penalty Information:	Penalty Information Printed Above	Disposition Status:		Appeal Initiated:	Appeal Resolved:
CA Component:	N				

Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 04/03/1985	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 02/19/1987	RTC Qualifier: NOT RESOLVABLE	Sequence Number: 3
CEI Evaluation	04/03/1985	Activity Location: NJ	By: State	Identifier: 001	Person: Found Violation: YES
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: Focus Area:

No Linked Enforcements

* Note: Penalty amount may not reflect all violations cited.

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SECURITY HOLDINGS, NJD085494664, HACKENSACK, NJ, continued -

Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 04/03/1985	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 02/19/1987	RTC Qualifier: NOT RESOLVABLE	Sequence Number: 4
CEI Evaluation	04/03/1985	Activity Location: NJ	By: State	Identifier: 001	Person: R2DEP
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: Found Violation: YES Focus Area:

No Linked Enforcements

Evaluations With No Violations:

CEI Evaluation	11/15/2007	Activity Location: NJ	By: State	Identifier: 001	Person: NOMM	Branch: N	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	11/15/2007	Focus Area:
CEI Evaluation	05/11/2005	Activity Location: NJ	By: State	Identifier: 001	Person: NOSDS	Branch: N	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
FCI Evaluation	07/24/2002	Activity Location: NJ	By: State	Identifier: 001	Person: NOFA	Branch: N	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
FCI Evaluation	05/02/2001	Activity Location: NJ	By: State	Identifier: 001	Person: NOMM	Branch: N	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
CDI Evaluation	12/18/1995	Activity Location: NJ	By: State	Identifier: 000	Person: NJUD	Branch: M	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CSE Evaluation	07/07/1989	Activity Location: NJ	By: State	Identifier: 007	Person: R2DEP	Branch:	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
FCI Evaluation	04/15/1988	Activity Location: NJ	By: State	Identifier: 005	Person: R2DEP	Branch:	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
NRR Evaluation	12/24/1985	Activity Location: NJ	By: State	Identifier: 002	Person: R2DEP	Branch:	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
FCI Evaluation	12/03/1985	Activity Location: NJ	By: State	Identifier: 003	Person: R2DEP	Branch:	Found Violation: NO
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen Transfer Facility	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Offsite Receiver	Indicates that the facility transfers hazardous waste.
HSM	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID), as hazardous waste. Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen Converter	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
State TSDF	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Addressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL
268.A	LDR - GENERAL

Evaluation Type	Type Description
CDI	CASE DEVELOPMENT INSPECTION
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
CSE	COMPLIANCE SCHEDULE EVALUATION
FCI	FOCUSED COMPLIANCE INSPECTION
NRR	NON-FINANCIAL RECORD REVIEW

Focus Area	Description
V3	CONVERTED FROM V2 RCRAINFO

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL
310	FINAL 3008(A) COMPLIANCE ORDER

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